2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

Maryland

b. COUNTY

60

(State)

SIGNED

	DIAISIOIA	OF STATISTICAL RESEARCH AND RECORD	O - DA
37	43	CERTIFICATE OF	DEAT

c. LENGTH OF STAY IN 16

MARYLAND

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		и

PLACE OF DEATH

Cecil b. CITY OR TOWN (If autside carporate limits, write

a. COUNTY

2. Pages ofter pup corpon With physic attending please by E. certificate has been signed per the burial-transit os detached far After 0 page 3 the State

haspital ar attending physician TO FUNERAL DIRECTOR: A page 3 shauld be detected the contract of the contract

c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Chillum 1 mo. 8 days Perry Point d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS IS RESIDENCE ON A FARM? YES NOT Longfellow Street Veterans Administration Hospital 4. DATE OF DEATH NAME OF First Middle Month Day Year DECEASED (Type or print) JOHN EDWARD BARRANGER December 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days (Seponded | WIDOWED | Male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA Maryland Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME deceased Harriett Jackson John L. Barranger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT W. Wattsville. Md. Mrs. Irene Moore, sister, 6002 Belle Court. Yes 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (c) Peritonitis due to extravasated contents of 60 hrs. viscera, following operation for polyps, sigmoid DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY Atelectasis.lower lobes, following Laennec's cirrhosis. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II af item 18.) Operation 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, Month. Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, affice bldg., etc.) While a. m. Nat while at wark at wark 21. I certify that MONTH MANNEY STATE AND A STEEL AS A STATE OF THE ST 22a. SIGNATURE ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR | 2-2-60 22c. PHYSICIAN'S 22d. ADDRESS Asst. Clinical Pathologist VAH Perry Point Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) REMOVAL (Specify) HRLINGTONNITH TELINGTON VA ADDRESS 25b. REGISTRAR'S SIGNATURE 25a. REC'D 8Y REGISTRAR aribun & Frank Fun. Home, 816 H. St., N. E. Wash. D. C.

VR A15 (4) 15M 9/59

AND AND AND ASSESSED ASSESSED ASSESSED. water but a second of the seco THE COUNTY OF THE PROPERTY OF 

OR STATE is necessary, eirector. Page TO DEPUTE MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any density is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Mealt or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

> VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH	10 10				institution: Residence before admission)
	cil	MARYLAND	o. STATE Md.	b. cour	Cecil
	outside corporete limits, giva naerest town)	c. LENGTH OF STAY IN 16		side corporata limits, writ	a RURAL end give nearest town)
Elkto	n	22 hrs+	X Elkton.	R.D.3	
		in hospital, giva straat addrass)	d. STREET ADDRESS		e. IS RESIDENCE
	on Hospital		/ Rural		ON A FARM? YES NO
NAME OF DECEASED	First	Middla		DATE Mont	h Day Year
(Type or print)	James	D.			2-12-60 19
S. SEX			B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
M	W	DOWED DIVORCED	8-11-1887	last birthdey) 73/rs.	Months Days Hours Min.
Oa. USUAL OCCUPATION	ON (Give kind of work king life, even if retired)	106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?
Resurant		1	Md.		U.S.A.
3. FATHER'S NAME	_		1 14. MOTHER'S MAIDEN NAM	E	U.D.A.
And the	one D a				
	ony D. Cava		Rosa Arch		
Yes, no, or unkown)   (If	yas giva waror datas of service	16. SOCIAL SECURITY NO. 17.		Address	
		048-26-2105	Union Hospit	al Record	s. Elkton, Md.
18. CAUSE OF DI	ATH [Enter only one cause	per lina for (e), (b), end (c).]			INTERVAL BETWEEN
	WAS CAUSED BY:	Internal Hemn	orrhage with	fracture	of Hyond AND DEATH
Gn	MMEDIATE CAUSE (a)				02 11, 024 50114
1 18	DUE TO				
Conditions, if eny,	which (b)	Bullet wound	d of the head	•	
geve rise to immedia	DIJE TO				
(a), stating the un causa last.	dariying				
	SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NO	OT BELATED TO THE TERMINAL D	ISFASE CONDITION CIT	/EN IN PART 1(e) 1 19. WAS AUTOPSY
S Contact	SIGNIFICANT CONDITION	, common to both	or Realist To The Texamore	istast compinent of	PERFORMED?
PART II, OTHER  20a. EXTERNAL CA PRIMARY For COI CAUSE OF DEATH.	JSE WAS 20b. 1	DESCRIBE HOW INJURY OCCURED.	Enter neture of Injury In Pert I or	Pert II of itam 1B.)	
CAUSE OF DEATH.		a abot her - or			Cecil Ma
20c. TIME OF INJUR	Y Month Day Year		ACE OF INJURY (Home, farm,   2	Of (City or town)	(County) (State)
Hour a.m.	11 60	Whila Not Whila fee	tory, street, office bldg., etc.)		(Siele)
The print	12 19	at work et work	nartment nou		
21. I certify the	at I took charge of the	remains described above, he	eld an Autopsy Insp	ection X Inqui	y X, and in my opinion
death resulted fr	om: Natural causes	☐. Accident ☐. Suid	ide . Homicide	Undetermined m	nanner 🗍
	00		CHIEF MEDICAL EXAM		
	11 10 6	180/11/0	CHIEF MEDICAL EXAM		
ACTUAL SIGNATURE	1 CAN	- comme	M.D. ASSISTANT MEDICAL	EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type)	R.C.Dodson		DERUTY MEDICAL EXA FILSTING S Address (Street, city, t	MINER THE	12-13-60
2a. BURIAL, PRATIO	The second secon	22c. NAME OF CEMETERY O		LOCATION (City, lown	, or country) (State)
Dec, 16, 196	Dec. 16/60	Um 1+	nceptian Com.	Elkton	Maryland
23. EUNERAL DIRECTOR	Hickory	Ellota Me	ulaal DAHAN 12	104	STRAK'S SIGNATUR
1000	, our	consist in	A COLON INVENTIL	- Cha	my s, I walls

HEAT OF THE PROPERTY OF THE OFFICE OF THE OF THE OF THE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OFFICE OF IVE. bindapia spoil . St course in the property of the legacids. Il stone, Hd. . To all old to have well there is a Same At I I The Gold I Carlo and with beautiful to the total the total to the total to the total total to the total t

## FOR STATE HEALTH DEPT

TO DEPU. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deficits necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page 4, 2 and 3 to the fune creator. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3, Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages from 2 with the State Board of Health, or its designated agent, prightly burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

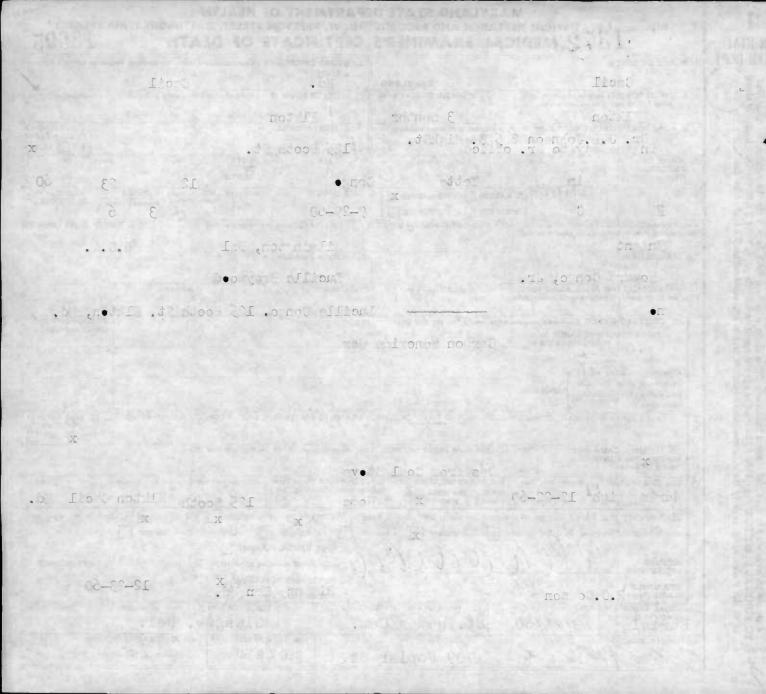
5M 7/59

Novs

#### MARYLAND STATE DEPARTMENT OF HEALTH

1372 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13695

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)						
e. COUNTY Cacil Maryland	STATE     b. COUNTY						
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)  c. LENGTH OF STAY IN 15	Cecil  c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest lown)						
Elkton 3 months	Elkton						
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)  Dr. J.L. Johnson 215 E. HighSt.  On the way to Dr. office	d. STREET ADDRESS  125 Booth St.  125 Booth St.  126 Booth St.						
3. NAME OF First Middle DECEASED	Lest 4. DATE Month Day Yeer OF						
	Congo DEATH 12 23 19 60						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
F C WIDOWED DIVORCED	9-29-60 Months Deys Hours Min.						
108. USUAL OCCUPATION (Give kind of work   106. KIND OF BUSINESS OR INDUSTR	RY   11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?						
done during most of working fife, even if refired)  Infant	Wilmington Dol II C A						
13. FATHER'S NAME	Wilmington, Dol U.S.A.						
Howard Congo. Jr.	Lucille Braywood						
	INFORMANT Address						
(Yes, no, or unkown) (Ifyasgivawerordatasofservica)	Tue-177 - 0 700 m						
1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Lucille Congo. 125 Booth St. Elkten, Md.						
PART I. DEATH WAS CAUSED BY-	ONSET AND DEATH						
Carbon Monoxide	Gas						
Q JU, O DUE TO							
Conditions, if any, which (b)							
geve rise to immediate cause  (e), steting the underlying  DUE TO							
cause last. (c)							
	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19, WAS AUTOPSY						
OE	PERFORMED?						
200. EXTERNAL CAUSE WAS 200. DESCRIBE HOW INJURY OCCURED. (	YES NO [[ (Enter neture of injury in Part I or Part fl of item 18.)						
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.							
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED, 20e. PLA during Trigh 12-22-60 et work et work	ACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State)						
during nigh 12-22-60 While Not While sel work	Home 125 Booth Elkton Cecil Md.						
21. I certify that I took charge of the remains described above, he							
death resulted from Natural causes . Accident . Suice	cide , Homicide , Undetermined manner						
(10) (10 10 10 10 10	CHIEF MEDICAL EXAMINER						
ACTUAL SIGNATURE SIGNATURE	A.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED						
EXAMINER'S NAME (Type) R. C. Dodson	DEPUTY MEDICAL EXAMINER 12-23-60						
	R CREMATORY 22d. LOCATION (City, town, or country) (Stele)						
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL St. Thomas CE							
Burial 12/24/60 St. Thomas Ce	em. Glasgow, Del.						
Burial 12/24/60 St. Thomas Ce	em. Glasgow, Del.						



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<b>C</b>			.x.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
CERTIFICATE OF DEATH  Reg. Dist. No. 13697									
D. PLACE OF DEATH COUNTY Cecil M	ARYLAND	2. USUAL RESIDENCE (Who o. Spelaware	ere deceased	d lived. If institution b. COUNTY	n: Residence New		_		
b. CITY OR TOWN (If outside corporate limits, write RUBAL end give nearest tawn)  C. LENGTH OF S  MOS		c. CITY OR TOWN (If o	ulside carpo	rate limits, write R	URAL and giv	re negrest town	n)		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Devine Nursing Home		d. STREET ADDRESS 105 Bent	Lane			ON A	FARM?		
3. NAME OF DECEASED (Type or print) Helen F.	ddle Cro	nin	4. DATE OF DEATH	Dec.18	,1960	Day )	Year		
	RCED	Feb. 9, 1876		84 birthday)		YEAR IF UNDI	ER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	SS OR INDUST	Maryland	or foreign co	ountry)	12. CITIZ	A OF WHAT	COUNTRY?		
John E. Fry		14. MOTHER'S MAIDEN N Helen M.		len					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY  (Yes. give wor or dates of service)		n H. Cronin	105	Bent La		wark,	Del.		
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (c) DUE TO		age .				INTERVAL BE			
couse (a), stoting the under- lying cause last.	erosis	, generalszed				3			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  Glaucoma, bilateral  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJUR					EN IN PART 1	PERFO	AUTOPSY PRMED? NO		
200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH OF THE CONTRIBUTION OF		tanis naises at infait in a							

MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) 0. 11. While Not while at wark at work p. m. 21. I certify that I attended the deceased from Sept 21 1960 to Dec. 18 1960 that I last saw the deceased

and that death occurred at 1:25 PM, from the causes and on the date stated above. olive on Dec. 18. 1960 .. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL E. Main Strebt, Newark Dela

NAME (Type)	Wal	lace M	Johns	on M.D.
O. RUPIAL CREM	ATION	225 DATE I	HEREOE	22- MAAAE

OF CEMETERY OR CREMATORY Dec.21 Gracelawn Mem. Pk. 22d. LOCATION (City, tawn, or county) Farnhurst.Del

240. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE

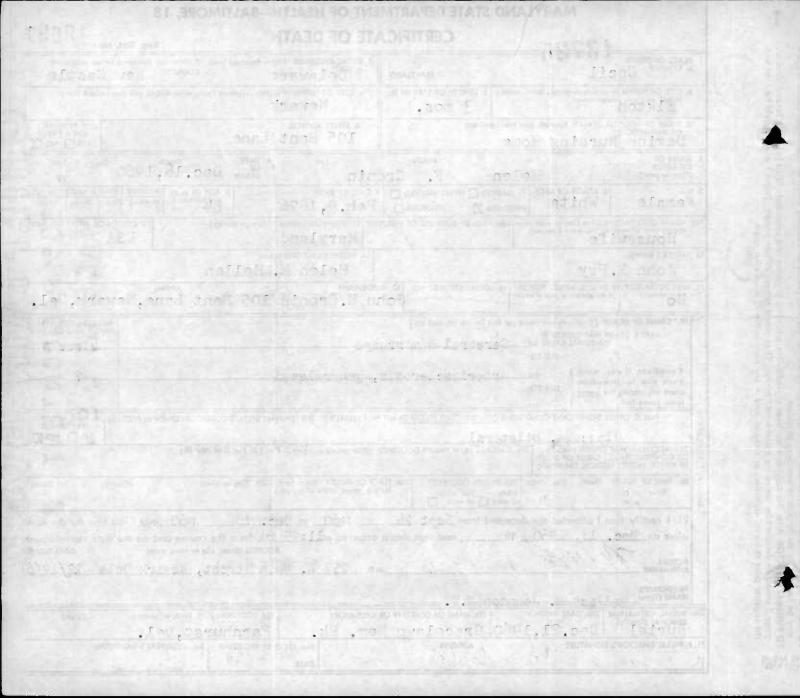
(State)

23\_FUNERAL DIRECTOR'S SIGNATURE

CERTIFICATION

ADDRESS

VS A15 (4) 15M 9/55

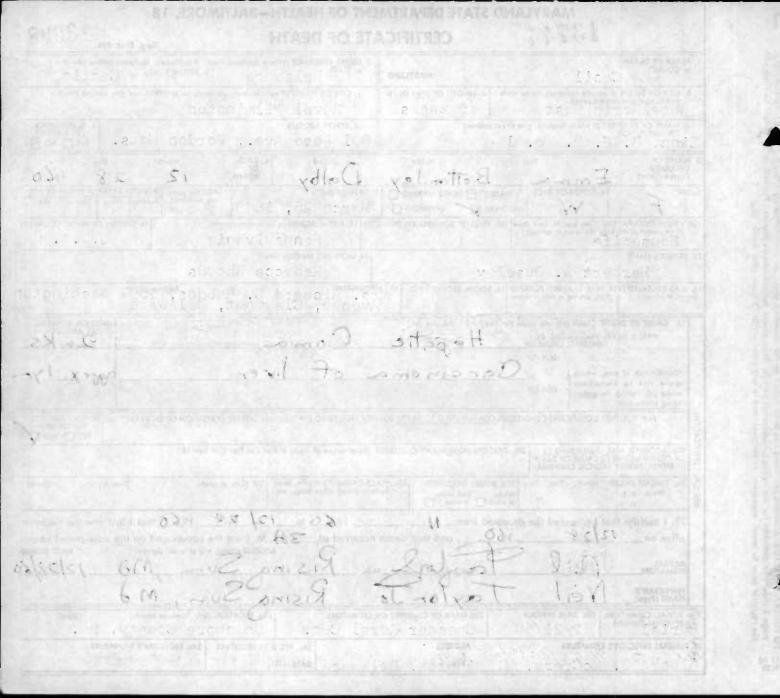


	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3744	CERTIFICATE OF DEATH	R

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 13698

1. PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Delaware b. COUNTY New	ce before odmission)
b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and g	
Rural North East 5 weeks	Rural Wilmington	46x-
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Zion, R. F. D. No. 1	d. STREET ADDRESS 801 Lore Ave., Gordon Hgts	e. IS RESIDENCE ON A FARM?
3. NAME OF First Middle	Lost 4. DATE Month	Pay Year
(Type or print) Emma Bottomley	Dolby DEATH 12	28 1960
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		1 YEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	March 20, 1880 80 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	JSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITI Pennsylvania	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Herbert W. Ouseley	Rebecca Rhoyds	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown)   IIf yes, give wor or dates of service)   16. SOCIAL SECURITY NO.   17	NFORMANT Irs. Richard C. Rhodes 12507 Avenue, Claymont, Delaware	Washingto
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying couse lost.  PART I. DEATH WAS CAUSED BY:  (b)  Corcin one  (b)  DUE TO  UE TO	a of liver	ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enler nature of injury in Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. ft. Pp. m. 19 while of work of work	LACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (C	ounty) (State)
21. I certify that lattended the deceased fram lattended t	h accurred at 30 M, from the causes and an the ADDRESS (Street, city or town, stote)	
PHYSICIAN'S NAME (Type)  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	Rising Sun, Md	<u> </u>
Burlal 12/31/60 Chester Ru		r, Pa.
23. FUNERAL DIRECTOR'S SIGNATURE Albert J. McCrery, Wilmington, De	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	1/



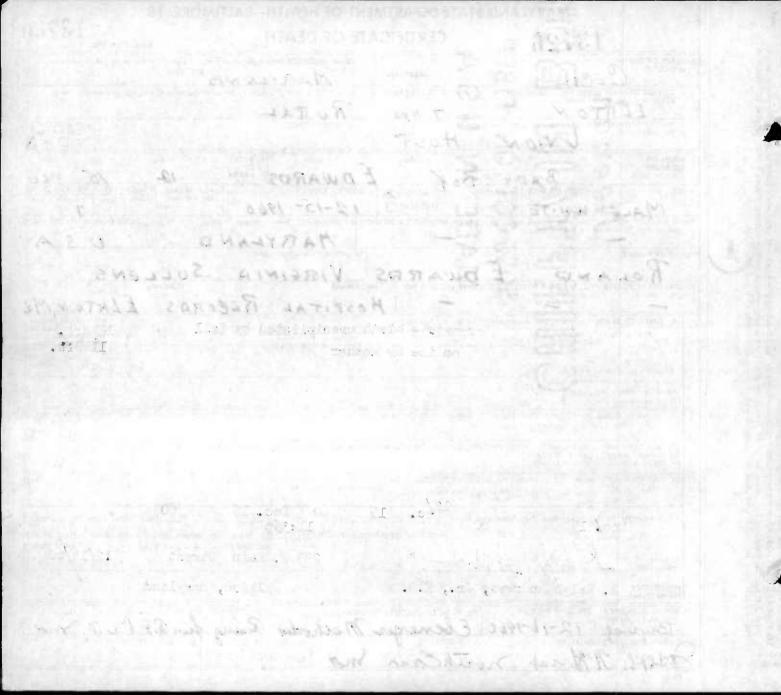
MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13699

	3741		CERTIF	FICATE	OF DEA	TH			10	695	1
1. PLACE OF DEATH a. COUNTY	Cecil		MAR	YLAND 2	USUAL RESIDENCE	(Where decease yland		nstitutia DUNTY	-	cil	nission)
b. CITY OR TOWN RURAL and give	(If autside carporate lim nearest tawn) Deposit	its, write	c. LENGTH OF STAY	rs.	e. CITY OR TOWN	l (If outside corp Deposi		write RU	RAL and give	nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	130 S. Ma		t.		d. STREET ADDRES	ss ) S. Ma	ain S	St.		ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type ar print)	Nellie	rst	Middle N •		nardt	4. DATE OF DEATI	н De	Manth	5	Day )	Year 19 60
s. sex Female	6. COLOR OR RACE White	7. MARRIE		B.C.	ay 13,18	381	9. AGE (In	yeors hdoy) yrs.	Manths Da	-	
10a. USUAL OCCUPAT during most of wo METChan	ION (Give kind of work riking life, even if retired	done 10b. Ki	neral St			State or foreign	country)		12. CITIZEN	S A	TCOUNTRY
13. FATHER'S NAME	ohn	Н	litchens	1	4. MOTHER'S MAID Hanne			Har	rigar	1	
15. WAS DECEASED EV	(ER IN U. S. ARMED FOI (If yes, give wor or dotes of	(acvice)	OCIAL SECURITY NO.			Hasso	n,Por	Addre		t,Mo	1.
Conditions, if gave rise to cause (a), stating	immediate DUE TO	50	for (o), (b), ond (c) lassiv lhere li Sanous	3.1	Anx So So	reis	Solo-	05		DISET AL	BETWEEN ND DEATH
CATIO	THER SIGNIFICANT CON								N IN PART 1(	PER	AS AUTOPSY FORMED?
OR CONTRIBUTION	VAS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY C	OCCURRED. (	Enter noture of injur	ry in Port I ar Po	art II af item	18.)			
20c. TIME OF INJU Haur a. m. p. m.		While of work	Nat while ot wark	20e. PLACE foctor	OF INJURY (Home, , street, office bldg	form, 20f. (Ci	ity ar tawn)		(Cau	nty)	(State
	at (I) (this haspita		d the deceased	fram <b>5</b>	th accurred at		wee 4		19 <b>6</b> ). I an the d		, ,
220. SHOWATURE	1/1/ 1/	en	6	M.D		MED. DIRECTOR [	STAFF PHYS. [		1:	3/5/	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	G.H. Ri	chard	s Jr. M.	.D.	22d. ADDRESS Port	Deposi	it, Mo	1.			
230. BURIAL CREMATI	ON, 236. DATE THERE	960	23c. NAME OF CEM	er Br			ATION (City,				itate)
24. FUNERAL DIRECTO	aftereou	alor	ADDRESS Perry	yvill	5 88 2	REC'D BY REGI		REGIST	TRAR'S SIGNA		

VR A15 (4) 15M 9/59

MALO TO TRADITION OF THE LEGICAL soon cowell to the deleters section, eg n. Million  MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) b. COUNTY c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO Month Day Year 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN ONSET AND DEATH VEAN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (State) (County) 1960, that I last saw the deceased 21. I certify that I attended the deceased fram. 6:40 and that death accurred M. from the causes and an the date stated above. at\_ ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE DEC 21 Chimy S. First

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7.2	alle built had	No. of Bullion Co.	THE THE	Dec no will	D 20 10 AV
		England			S. John S.
		PIEROF-DE	Depart Amen		ALLEGAS.
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 19710

13700

	19141		CERTIFIC		OI DEATHIR			1	061	4
1. PLACE OF DEATH a. COUNTY	Cecil		MARYLA	ND 2.	usual residence (Whe	re deceased li	ved. If institution b. COUNTY	Residence b	_	sian)
	(If autside carporate limit postit, Rur		c. LENGTH OF STAY IN 40 yrs	16	e. CITY OR TOWN (IF ou				nearest taw	n)
d. NAME OF HOSPI OR INSTITUTION	tTAL (If not in haspital, gi Chestn				d. STREET ADDRESS Ches	st Nut	Grove		ON A	SIDENCE A FARM?
B. NAME OF DECEASED (Type or print)	Mary	t	Alice	Fl	aharty	4. DATE OF DEATH	Dec.	1	Doy 3	Year 19 60
Female		7. MARR	HED NEVER MARRIED  DIVORCED		ct.3, 190	9.		Manths Day		ER 24 HRS
oo. USUAL OCCUPATI	ION (Give kind af wark d rhing life even if retired)	ane 10b.	Own Home	NDUSTRY	Maryland		try)	12. CITIZEN	S A	COUNTRY
3. FATHER'S NAME W	illiam		Huss	1	Laura	AME	Ritc	hie		
(Yes, no. or unit own)	ER IN U. S. ARMED FORC (If yes, give war or dates of se		SOCIAL SECURITY NO.	17. INFO	mant 's Paul Lin	nton,P	ort De		,Md.F	lura.
Canditions, if a gave rise to cause (a), stating lying cause last.  PART II. OT	immediate DUE TO	DITIONS	Scae CONTRIBUTING TO DEATH	BUTNO	Auf.  T RELATED TO THE TERMIN	Sel.	ONDITION GIVE	N IN PART 1(a		gr.
	G CAUSE OF DEATH Y MEDICAL EXAMINER)		CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury in Pa	art I or Part 11	af item 1B.)			NO [
20c. TIME OF INJU Haur a. m. p. m.	RY Manth, Day, Yea 19	while	Nat while	e. PLACE factary	OF INJURY (Hame, farm, , street, affice bldg., etc.)	20f. (City ar	tawn)	(Caun	ity)	(State
	ot (I) (this hospital) used alive on /2  G.H.Ricl	ja	20/	M.D.	ATTENDING	M, fram th	STAFF PHYS.		ate stated	
23a. BURIAL CREMATIC	ON, 236. DATE THEREO		23c. NAME OF CEMETE Pleasant		REMATORY	23d. LOCATIO	N (City, town, or	"	(Sta	te)
24. FORERAL DIRECTOR	Jerson 9	Son	ADDRESS Perry	rill		8Y REGISTRA	R 2Sb. REGIST	TRAR'S SIGNA	,	

TO HOSPITAL PER ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retorded by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in been functionally page 3 should be detoched for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/59

ATTENDED TO BEATHER OF DEATH A to be a thought about er or Then, frances to transfer the line in the land A CONTRACTOR OF THE PROPERTY O

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13727 CERTIFICATE OF DEATH

14577 Rea. Dist. No.

									Kadi mi	ai. 110.	
1. PLACE OF DEATH o. COUNTY	ecil		MAR	YLAND	o. STATE	yland		lived. If institut b. COUNTY			admission)
b. CITY OR TOWN (I	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 16	c. CITY OR	TOWN (If o	outside corpor	ote limits, write	RURAL ond	give near	est town)
Elkto			5 hrs		Elk	ton					
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	address)		d. STREET A	ADDRESS			DOM:	0.	N IS RESIDENCE
	on Hospit	al			R.D	.4					YES NO Z
3. NAME OF DECEASED (Type or print)	John Fir	st	Mesle		Freema		4. DATE OF DEATH	Mo Decer		Day	Year 19 60
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	8/	DATE OF BIRT			9. AGE (In years	IF UNDER		IF UNDER 24 HRS.
Male	White	WIDOWI			March	17.	1910	last birthdoy) 50 yrs	Months	Days	Hours Min.
100. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS					untry)	12. CIT	IZEN OF	WHAT COUNTRY
Rubber mi	king`life, even if retired AXOP	P	lasticoi	d Co	. Ma	rylan	nd			U.S	S.A.
13. FATHER'S NAME					14. MOTHER'S	· · ·					
Edw	ard T. Fr	eema	n		A	nnie	Carr	oll			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.		). 17. IN	FORMANT				dress		
No	(If yes, give wor or dates of s	22	2-05-429	5	Temple	Fre	eman,	Elkton	n. Md		
Control of the Contro	mmediate (	, Cle	scipone	1.1.	the car	ema	essel				RVAL BETWEEN ET AND DEATH
CATIC	AS UNDERLYING   G CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY C						VEN IN PAR		WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJUR Hour o. m. p. m.		20d. If While of wor	NJURY OCCURRED  Not while at work	20e. PLA faci	CE OF INJURY I	Home, farm e bldg., etc.	20f. (City	or lown)	(0	County)	(State)
21. I certify the olive on	12/18/6	- 19 <u>6</u>		M. D.	A.D	1.A. 5.ns	Dece	the couses eet, city or town, mber 15  Auk. E  ION (City, town, stervi)	ond on the stole)  , 19  (Kto)  or county)	60 1. /	e stoted obove DATE SIGNED
Kalleh	8260	1.1	Elkton,	Md.			N 1 3 '6		rthung S.		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be refered by the hispital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in be a funeral director, page 3 shaufd be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hayrs offer death. VS A1S (4) 1SM 9/5S

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	ALEX, Personal		
7			
***	Marie Committee		
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			or still a law flats (pa)
			or the pattern of the con-
Particular and and an experience of the second seco			
The second district and turns			

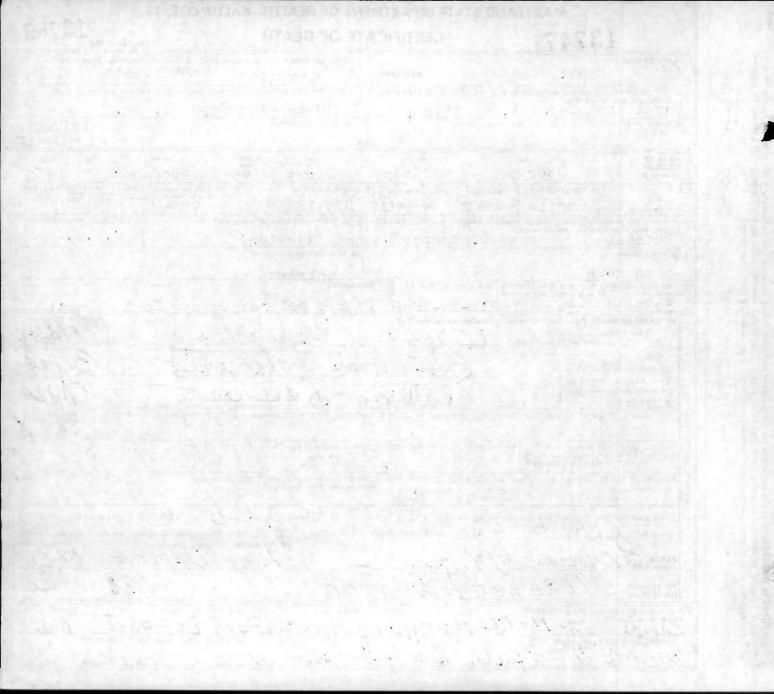
VS A15 (4) 1SM 9/SB

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13747 CERTIFICATE OF DEATH

13703 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryl	nere deceased	lived. If institution b. COUNTY		efare admission)
RURAL and give	(If autside carporate limit learest tawn) ort Deposi	s, write c. LI	ength of stay in 1b	c. CITY OR TOWN (IF a		eposit,		nearest tawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in haspital, g	ive street addre	155)	d. STREET ADDRESS			Erray (	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Georg		Middle Gray	Gerry	4. DATE OF DEATH	Dece	ember	7 1960
5. SEX made	6. COLOR OR RACE White	7. MARRIED [	NEVER MARRIED DIVORCED	8/9/1883		9. AGE (In years last birthday) 77 yrs.	Months Day	AR IF UNDER 24 HRS s Hours Min.
10a. USUAL OCCUPAT during most of wa Butcher	rking life, even if retired)		of Business or INDU	STRY 11. BIRTHPLACE (State		ountry)		OF WHAT COUNTRY
13. FATHER'S NAME unkno	own			14. MOTHER'S MAIDEN N	NAME			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORG			George Malo	nev G	Add		enosit
A CCIDENT W	immediate DUE TO the under (c) there significant conf	DITIONS CONT		T NOT RELATED TO THE TERM			VEN IN PART 1(a	19. WAS AUTOPSY PERFORMED? YES NO
OF TIME OF INJU-	G CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Yeo	while at wark	OCCURRED 20e. Pl	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	n, 20f. (City	ar tawn)	(Count	(State
actual SIGNATURE  PHYSICIAN'S NAME (Type)	Plattended the	19 G	and that death	m.b. 7			nd on the do	aw the deceased the stated above DATE SIGNED
BINTIAL Specify	12-11	1460 P	NAME OF CEMETERY C	y Chapel	Por	TON (City, town,	osit	(State) Md.
23 FUNERAL DIRECTO	ESSIGNATURE DI	ullan	ADDROS Surga	Va. Ind	D BY REGIST		ISTRAR'S SIGNA	



TO HOSPITAL

VS A1S (4) 1SM 9/5B

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18

CERTIFICATE OF DEATH

M

13704

	13790		CERTIFI	CAI	E OF DEA	П		Reg. D	ist. No	10	002
1. PLACE OF DEATH O. COUNTY Cecil			MARYLAI		USUAL RESIDENCE o. STATE  Md	(Where decease	d lived. If instituti b. COUNTY Cecil		nce befo	re admiss	ion)
	If outside corporate limi	ts, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN	(If outside corpo		RURAL ond	give ne	arest town	n)
Elkton	eorest rown)		7 days		Chesap	eake Cit	ty		564		
d. NAME OF HOSPIT	TAL (If not in hospital, g Hespital	give stree	t oddress)		d. STREET ADDRES		Street				FARM?
3. NAME OF DECEASED	Fie	st	Middle		Last	4. DATE	Mor		Do	у	Year
(Type or print)	Agnes		M		Jinn	DEATH	200	1			19 60
S. SEX	6. COLOR OR RACE	7. MAR	RRIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years lost birthdoy)	Months	R 1 YEAR Days	Hours	ER 24 HRS Min.
female	W	WIDOW			reb 22,18		75 yrs.				
Oa. USUAL OCCUPATION during most of world	DN (Give kind of work king life, even if retired	done 10b	, KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (S	itote or foreign o	country)	12. CI	TIZEN OI	WHATC	COUNTRY
hswf					Middlet	own, Del			US	4	
3. FATHER'S NAME	-11			14	. MOTHER'S MAID						
John Atw		1 1				ine Lyna					
IS. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		. SOCIAL SECURITY NO.		ty Ginn	Chesa		ity.	Md		
18. CAUSE OF DEA	ATH [Enter only one co	use per l	line for (o), (b), and (c).]						INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	, R	enal Failure							day	
Conditions, if o	DUE TO	R	lenal neprøsc	lero:	sis					year:	
gove rise to i couse (a), stating lying couse lost.											
$\supseteq$		ctie	contributing to DEATH	al in	npactiona:	nd pessi	ibly velv		RT 1(o)	PERFC	AUTOPSY ORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCC	URRED. (E	nter noture of injury	y in Port I or Po	rt II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Ye	While		e. PLACE foctory	OF INJURY (Home, street, office bldg.	form, 20f. (Cit	y or town)		(County)		(Stote
21. I certify th	at I attended the	decea	sed from Dec 6		_, 19 60 , ta_	Dec 12	, 1960	that I I	ast sav	v the c	decease
alive an Des		, 19_	60, and that de	eath ac	curred at 11.	M, fram	the causes ar	nd on th	ne date	stated	d abave
1	nn	2	1.				street, city or town			DAT	TE SIGNE
SIGNATURE A TO	elene (	NK	wellow	M.D.						De	ec 15
PHYSICIAN'S NAME (Type)	Wallace Ob	ensh	ain,M.D.		Ceci	lton Wd.					
220. BURIAL, CREMATIC	N, 22b. DATE THERE		22c. NAME OF CEMETE	RY OR CR		-	TION (City, town,	or county)		(Sto	te)
REMOVAL (Specify)		60	Townsend	Car	netenz	Tow	msend.I	Delay	rare		
23. FUNERAL DIRECTOR		0	ADDRESS	. 001		REC'D BY REGIS	TRAR 24b. REG	ISTRAR'S S			THE.
1. Estis	Tamiels	me	daletown	100	DATE	EC 2 0 '60	and	hun S.	Travel		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4) 1SM 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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		13736	)	CERTI	FIC	ATE	OF DE	ATH	1			Reg. Dis	. No.	13705
1.	PLACE OF DEATH	Ceci	1	MARY	LAND	2. U.	STATE M	CE (Who	ere decease		nstitution DUNTY	Residenc		fmission)
F	b. CITY OR TOWN (	If outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c.	CITY OR TOW	'N (If o	utside corpo	prote limits,	write RUF	RAL ond g	ive nearest	town)
L		Elkton		8 Yrs.		2	1	F	lkto	n				
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g	144	oddress)		d	STREET ADDR			n .	131		e. IS	RESIDENCE
		Hermitag	e Dr	ive			Her	mit	age	Drive	)		YE	S   NO
3.	NAME OF DECEASED (Type or print)	EMMA		Middle		HAI	Last 1		4. DATE OF DEATH	Dece	Month		3,	19 60
5.	SEX		7. MARR	TED NEVER MARRI	ED 🔲		E OF BIRTH	0.		9. AGE (In lost but)	years III			INDER 24 HRS.
-	Female	White	WIDOWI			Ju.	-0 '7	186		7	yrs.			
100	during most of work House	ON (Give kind of work king life, eyen if retired WITE	done 10b.	at Home		ISTRY 1			r foreign o	_			JSA	HAT COUNTRY?
13.	FATHER'S NAME	11 5 Kale				14,	MOTHER'S MA			200				
		kson Phip						ly	Osbo	rne		213		
15.  Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO		INFORM				171414	Addres			
	No			None	Cl	nar.	les R.	Ha	ım	Risi	ng S	un,	Md.	
			Art	ne for (o), (b), ond (c). eriosclero	•	car	liovasc	ulai	r rena	al dis	9339	0	INTERVA ONSET	L BETWEEN AND DEATH
	44	DUE TO	)											
	Conditions, if a	mmediate												
	cotse (o), stoting lying couse lost.	the under-												
CERTIFICATION	PART, II. OTI	HER SIGNIFICANT CON										N IN PART	PE	AS AUTOPSY REFORMED?
	OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY O	CCURRE	ED. (Ente	er noture of inj	ury in P	ort I or Por	rt II of item	18.)			
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	ar 20d. II While of wor	Not while of work			INJURY (Hom reel, office bld			y or town)		(C	ounty)	(Slote)
	21. I certify th	nat I attended the	deceas	ed from Iune	15		19 55, to	o_De	ec. 3	, 1	960.	that I le	ast saw t	the deceased
	alive on De	670A	1196	Q, and that	death			:101	DM, from	m the cau	ises an	d an th		tated above.  DATE SIGNED
	ACTUAL SIGNATUREPHYSICIAN'S	450/10	4	my f		.M.D			233 E.				12	2/4/60
	NAME (Type)			WS, R., M.						ETK	ton	Mary.	Land	
22	BURIAL CREMATIC		960	22c. NAME OF CEM Brookv			_	7		tion (City,			rylar	(Stote) 1d
23. P	FUNERAL DIRECTOR	'S SIGNATURE NERAL HOM	ED.	ADDRESS mall/h Del	Elk	ton	363	TE DE	BY REGIST	TRAR 246		RAR'S SIG		

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13710

#### CERTIFICATE OF DEATH

13706

	0 4 4 0							200	C. ()
1. PLACE OF DEATH o. COUNTY	CECIL		MARYLAND	2. USUAL RESIDENCE (WO. STATE MD.	here deceased	l lived. If institution b. COUNTY	on: Residence		mission)
b. CITY OR TOWN ( RURAL and give n	If outside corporate limit earest town)	s, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL ond gi	ve nearest t	lown)
RISING S	UN, MD.		14 Mo.	RISING	SUN.	MD.			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, gi	ive street	oddress)	d. STREET ADDRESS				01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	ALICE	it	Middle ANNA	HAMBLETON	4. DATE OF DEATH	Mon	oth .2	Doy 30	Yeor 19 60
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		YEAR IF U	NDER 24 HRS.
F.	W.	WIDOW	ED DIVORCED	2/ 23/ 18	376	84 yrs.		Day's Ho	Pra Print.
during most of wor	ON (Give kind of work di king life, even if retired) TRLSS RE	-	EWING FACTO		e or foreign co	ountry)		J.SA	AT COUNTRY?
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
RANKLIN	G. HANB	LET	N	EMMA I	GREG	-G			
1S. WAS DECEASED EV	ER IN U. S. ARMED FORG		SOCIAL SECURITY NO. 17. II	NFORMANT		Add			
NO		18	57×14-1814 M	RS. WILLIS	L ELY	RI	SING	SUN,	MD
Conditions, if a gove rise to couse (o), stoting lying couse lost.  PART II. OT	the under- (c)		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASI	E CONDITION GIV	/EN IN PART	1(o) 19. W PE YES	RFORMED?
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port	I II of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yea	While of wor	Not while fo	ACE OF INJURY (Home, far ctory, street, office bldg., et		or town)	(C	ounty)	(Stote)
saw the deced		attend 2/3	ded the deceased fram.	death accurred at 9:3	0, to	12/3 of the causes ar			l) (we) last ted abave.
220. SIGNATUR	Neil =	10	wood.	M.D. ATTENDING ATTENDING	MED.	STAFF PHYS.		12/3	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Neil -	Ta	ytor Jrm	D. 22d. ADDRESS.	ing	Sun	, M	٥.	
23a. BURIAL, CREMATIC REMOVAL (Specify		F	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCA	TION (City, town,	or county)	(	Stote)
Burial		61	MT. ZION	CEM.		RFIELD	IE NAS		PA.
Jumon E.	ME Mulle	en	ADDRESS  RISING SU	25g. REC	10		STRAR'S SIG		

may be retained by the hospital an artificial has been signed by the attending physician or a campletely filled in by a funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL VR A1S (4) 1SM 9/59

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	Meaning on E. C.		
13/05/05/05			
	LINE SEA PE	e (E. Taylor)	
		LANGE TO	

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

1 20117

	13749		CERTIFICA	TE OF DEAT	Н		10	0604
1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased liveryland	red. If institution: Reb. COUNTY	Ceci.	
RURAL ond give	(If outside corporate lim nearest town)  y Point		days	c. CITY OR TOWN	(If outside corporate	limits, write RURAL	ond give ne	arest town)
OR INSTITUTION	Administra			d. STREET ADDRESS	s Mackall S	treet		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	Fi HE	RBER <b>T</b>	(NMI)	HAMMOND	4. DATE OF DEATH	Month Decemb		y Yeor 19 60
s. sex <b>Male</b>	6. COLOR OR RACE White	7. MARRIED WIDOWED	DIVORCED _	5-25-93	9.		onths Days	R IF UNDER 24 HRS. Hours Min.
during most of w	TION (Give kind of work orking life, even if retired scaper	1)	of Business or Indi	JSTRY 11. BIRTHPLACE (Si		(y)	USA	F WHAT COUNTRY?
13. FATHER'S NAME	James Ham	2 /2	eceased)	14. MOTHER'S MAIDE		eceased)		
	EATH [Enter only one content was CAUSED BY:	Bronc	o), (b), and (c).]	rs. Kathryn	al Alaska		INT	ackall St TERVAL BETWEEN ISET AND DEATH 5 days
Conditions, if gove rise to couse (a), stotin lying couse los	immediate DUE TO	Arter	ioscleroti	c heart dis	sease			unknown
	THER SIGNIFICANT CON	inditions <u>contri</u>	BUTING TO DEATH BU	T NOT RELATED TO THE TE	erminal disease co	ondition given ii ethra	N PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING A G CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE H	HOW INJURY OCCURR	ED. (Enter nature of injury	in Port I or Port II	of item 1B.)		
20c. TIME OF INJI Hour o. m p. m	١,	While N		LACE OF INJURY (Home, octory, street, office bldg.,		town)	(County)	(Stote)
				December 6				
220. SIGNATURE	2.L.m	XXXXXXX	XXXXXnd that	death accurred all	MED.	STAFF PHYS.	n the date	e stated abave.  22b. DATE SIGNED 12-15-60
22c. PHYSICIAN'S NAME (Type		Y, Asst	Clinical	22d. ADDRESS Pathologist			rry P	
Burial (Special	Dec. 18.	0F 23c.	Cherry	OR CREMATORY Hill	23d. LOCATIO	N (City, town, or co	Maryl	(Stote)
H.W. PI	200ma	ELKTON	MARYLAN		DEC 1960	R 25b. REGISTRA	R'S SIGNATI	

TO HOSPITAL PLANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon popers. Pages I and 2 shalld-berified with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth. Page 4

TO HOSPITAL VR A1S (4) 1SM 9/59

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FICATE OF DEATH FilmG27 USUAL RESIDENCE (Where decaesed lived, If Institution: Residence before edmission) 1. PLACE OF DEATH files. Health, Page e. COUNTY a. STATE Cecil MARYLAND ector. b, CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Elkton D.O.A. Elkton d. NAME OF HOSPITAL OR INSTITUTION (it not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 69 Hollingworth Manor Hospital retained YES NO TH State Union NAME OF Middle Year DECEASED 60 (Type or print) Holmes DEATH George 19 with 6. COLOR OR RACE 7. MARRIED ANEVER MARRIED 5 SEX 1912 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. age 5 may 1 and 2 wil 72 hours last birthday) Deys WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired)

Thicol Cem. Plant. in pencil in Item 18. Give Pages 1, Md. Wilhin form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carrie Rothwell Grason Holmes Elkton, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT permit. (Yes, no, or unkown) | (If yes give wer or detes of service) 69 Hollingworth Office along with far a burial-transit permit amoval, and in any e Mrs. George Holmes. 216-01-4613 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Acute Cardiac Dilatation and acute ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO pancreatitus Conditions, if env. which please execute the certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a b geve rise to immediate cause DUE TO Not know as to length of time condition existed (a), stating the underlying cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? YES X NO 20e. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER. CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, ! 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy A Inspection 📆 Inquiry X Suicide Undetermined manner death resulted from Natural causes Accident Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 12-13-60 Rising Sun Md awn, or county) EXAMINER'S R.C. Dodson NAME (Type) 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Spacify) Ö Immaculate Conception VS. A15ME Elkton, Md. 5M 7/59 DATE DEC 1 5 '60 arthur & France

MARYLAND STATE DEPARTMENT OF HEALTH

TYPIARD DO THENTED THE STRIPE CHARVENIN ATAIC RO STADISHED SESSIONS OF LAUGHELING L. AND THE SELECTION Trusted Cars Con Nag Canada Nontanao . No . modelfile Contract Colics, deorge Edward, 69 Nothing office The same 

VS A1S (4) 1SM 9/S8

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13732

## **CERTIFICATE OF DEATH**

Reg. Dist. No. 13709

1)	PLACE OF DEATH G. COUNTY	ecil'			MARYLAND	2. U	SUAL RESIDENCE STATE Mary	CE (Where o	deceased	lived. If instit b. COUN	TY ~	ence before	ore admiss	ion)
	b. CITY OR TOWN (III	f outside corporate limi earest tawn) ON	ts, write	c. LENGTH O	ays	700	CITY OR TOW Rural			ote limits, write Bast	RURAL one	d give ne	arest town	1)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitat, g Union Ho				1	. STREET ADDR	RESS						FARM?
3.	NAME OF DECEASED (Type or print)	Fii NELI		V	Middle HOL	SEK	Lost EEPER		DATE OF DEATH	1.2	Nonth	D.	-,	Yeor 19 60
S.	SEX Fe, ale	6. COLOR OR RACE white	7. MARR			B. DAT	TE OF BIRTH	1880		9. AGE (In year	rs IFUNDI	ER 1 YEA	Hours	
10	during most of wark Housewif	DN (Give kind of work ling life, even if retired	dane 10b.	KIND OF BUSI	NESS OR INDU	STRY 1		(State or for	oreign co	untry)	12. C		F WHATC	OUNTRY?
13	Andrew A	nderson				14.	MOTHER'S MAI	IDEN NAME		dy	6			
1S {Y	. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give wor or dates of s	CES? 16. ervice)	SOCIAL SECUR		Che	vney V.	House	keep		ddress North	East	. Mai	ry1an
CERTIFICATION	Conditions, if or gove rise to in cause (a), stating the lying couse last.  PART II. OTH	the under. DUE TO  CER SIGNIFICANT CON	F	typerter	( cerel	H.C.	V.D.			CONDITION (	GIVEN IN PA	ART 1(o)	PERFO	8
MEDICAL CERTIF	1	CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d. It	NJURY OCCURI	fac	ACE O	F INJURY (Home treet, office bld	e, form, 20				(County)		(Stote)
	21. I certify the alive onDe ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	1. 19.1	M, and	that death		rred at2.3	35aiM,	fram t	he causes of	and an th	he date	e stated	
	o. BURIAL, CREMATION REMOVAL (Specify) BUTIAL FUNERAL DIRECTOR'S	N, 22b. DATE THERECO	60	22c. NAME C	Mary And	net	AATORY  Disc	22d.	REGISTR	Orth Ea		ecil GIGNATU	RE	e) 161

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VS A1S (4) 1SM 9/SB

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALT	IMORE,	18
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13750 CERTIFICATE OF DEATH

Reg. Dist. No. 13710

	Ceci			MARYL	- 11	. USUAL RESIDENCE (W	/here deceose	ed lived. If instituti b. COUNTY		ce befor	re admis	sion)
		outside corporate limi	ts, write	c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (IF	outside corpo	orote limits, write R	URAL ond	give neo	rest tow	n)
	d, name of hospit or institution	AL (If not in hospital, g	jive stree	I oddress)		d. STREET ADDRESS						FARM?
3.	NAME OF DECEASED	Fir		Middle		Last	4. DATE OF	Mon	ith	Do	у	Year
	(Type or print)	William		H.		Tusfelt	DEATH	Dece	mber	-		1960
S. :	SEX	6. COLOR OR RACE	7. MAI	RRIED NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years last birthdoy)	Months Months	Doys	Hours	ER 24 HRS.
Mā	le	White	WIDOV	VED T DIVORCED		June 27, 187	73	87 yrs.	I WOUTHS	Doys	110013	Mill.
10a	. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b	. KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (Stote	e or foreign o	country)	12.CIT	IZEN OF	WHAT	COUNTRY?
F	'arming		I	Farm Owner	100	Md.			U.S	.A.		
13.	FATHER'S NAME		10		-	14. MOTHER'S MAIDEN	NAME				133	
	Isaac	Husfelt				Jane Howard	1.					
		R IN U. S. ARMED FOR		S. SOCIAL SECURITY NO.	INF	DRMANT		Add	ress		1,	
(Ye	i, no, or unknown)	III yes, give war or dates of s	ervice)	None	Mr.	Edgar Husf	elt.	Ceci	lton,	Md		
H	18. CAUSE OF DEA	TH [Fnter only one co	use per	line for (o), (b), and (c).	2.44	Dagar Habi		0001	2 5011	INTE	RVAL BE	ETWEEN
		TH WAS CAUSED BY:		Nephrosis						ONS	MO:	DEATH
	7-7-6 7	DUE TO		Nephrescle:	nacio							
	Conditions, if or		)	Mehin eacre	LADTS	)				2	year	S.
	gove rise to in couse (o), stoting											
	lying couse lost.	(c	)									
CATION				contributing to DEAT	H BUT NO	OT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	VEN IN PAR	RT 1(o) 1	9. WAS PERFO YES	DRMED?
CERTIFICATION	20g. ACCIDENT WA			SCRIBE HOW INJURY OC	CURRED.	Enter nature of injury in	Port I or Po	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Ye	While		Oe. PLAC foctor	E OF INJURY (Home, for ry, street, office bldg., et	m, 20f. (Cit	y or town)	(	County)		(Stote)
	21. I certify th	at I attended the	deced	sed fram June	12	19.60 , ta De	ac 5	19.60	that I lo	ast sav	v the c	deceased
		ecember 5		60 , and that o			M, fram	the causes an	d on the		state	d abave
	ACTUAL /IS	- Ollason	DI	hour kai		0 121		Street, city or town,	stote)		DA'	TE SIGNED
	SIGNATURE A	acquee	on	angraw	M.	. Cecilte	n Md	•			_8_1	Dec_6
	PHYSICIAN'S NAME (Type)	aklace Obe	nsha	in,M.D.								
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOCA	ATION (City, town,	or county)		(Sto	te)
_	urial	Dec. 8, 196	0	Cecilton (	Cemet		Ceci	lton, Ce			Mo	1.
23	FUNGRAL DIRECTOR	S SIGNATURE SELECTION	M.	Milling	for.	Me DATE D	EC 1 2	TRAR 24b. REGI	STRAR'S SI			

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ARYLAND	STATE	<b>DEPARTMENT</b>	OF	HEALTH-BA	LTIMORE,	18
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	13733		CERTIF	ICATE O	DEATI	4		Reg. Dist.	- allia	371
o. COUNTY	ecil		MARYLA	II a STATI	RESIDENCE (WI	nere deceased	lived. If institution b. COUNTY	n: Residence	before admi	ssion)
b. CITY OR TOWN RURAL and give	(If outside corporate limit nearest town) N	s, write	c. LENGTH OF STAY IN 2 days	1 1b c. CITY	-		e City	JRAL and give	e nearest to	vn)
d. NAME OF HOSP OR INSTITUTION	Union Ho			d. STRE	ET ADDRESS				ON	SIDENCE A FARM?
NAME OF DECEASED (Type or print)	Firs	EBN	Middle	JACKE	Last	4. DATE OF DEATH	Manth Dec.		Doy 16	Year 1960
.sex Male	Col.	WIDOWE		□ March	15,19	936	24 yrs.	IF UNDER 1 Y	YEAR IF UNI	DER 24 HE
Labore	ON (Give kind of work d rking life, even if retired)	ane 10b.	KIND OF BUSINESS OR	INDUSTRY 11. BIR	HPLACE (Stole Mary.		intry)		S.A.	COUNTR
3. father's Name H	arry Jacks	son		14. MOTH	Minn:	ie Mur	cin		4	
S. WAS DECEASED EV Yes, no, or unknown! NO	ER IN U. S. ARMED FORC (If yes, give war or dates of set	vice)	17-30-410"	Harry	Jacks	on-Che	esapeak		y, Mo	
Conditions, if gave rise to cause (a), stating lying cause last  PART II. OT	immediate   DUE TO	Sic	Acome ONTRIBUTING TO DEATH	anenda		mille	Mun	EN IN PART 1	PERF	AUTOPS ORMED?
	G CAUSE OF DEATH MEDICAL EXAMINER)  RY Manth, Day, Year	20d. IN	JURY OCCURRED 20	De. PLACE OF INJU	RY (Home, farm	, 20f. (City o		(Cou	nty)	(Stat
	hat lattended the	decease 1966	ed fram /2/14	eath occurred			ne causes and oper, city or town, s	d an the c	late state	
20. BURIAL, CREMATIC BUTL AL	DN, 226. DATE THEREOF		22c. NAME OF CEMETE Bohemia			22d. LOCATIO Bone	on (City, town, or emia Mai	nor,	Md.	ite)
3. FUNERAL DIRECTOR	SIGNATURE BULL	_	ADDRESS 909 Poplas	r Street		D BY REGISTRA		TRAR'S SIGN		

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secuted within 24 hor

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e Tuneral director, ould be filed er death: Pages

TO HOSPITAL
TO HOSPITAL
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TO FUNERAL
TO SHOW

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

13734 CERTIFICATE OF DEATH

Reg. Dist. No.

13712

1	1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE	b. COUNTY Ce	nce before admission)
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Elkton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Elkto	corporate limits, write RURAL and	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 222 East Main		d. STREET ADDRESS  222 East Ma		e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) MARY HOLLING	Middle SWORTH JAI	MAR Lost 4. DA	ATE Month  EATH December	Day Yeor 6 1960
	5. SEX 6. COLOR OR RACE 7. MARRI Female White WIDOWE		B. DATE OF BIRTH	9. AGE (In years IF UNDER lost birthdoy) Months	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. K	t Home	TRY 11. BIRTHPLACE (State or fore Elkton, Mai		TIZEN OF WHAT COUNTRY?
1	John H. Jaman		14. MOTHER'S MAIDEN NAME	t Hollingswor	+10
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	A CHARLES AND A SHARE AND ASSESSMENT OF THE PARTY OF THE	IFORMANT	Address	
	18. CAUSE OF DEATH (Enter only one couse per line	e for (o), (b), and (c).]	s. R. H. Blanc		Interval Between onset and Death unknown
	Conditions, if any, which gove rise to immediate couse (o), stoting the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONDITION		NOT RELATED TO THE TERMINAL DI		et 1(o) 19. WAS AUTOPSY PERFORMED? YES NO.
	20a. ACCIDENT WAS UNDERLYING CON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		). (Enter nature of injury in Part I o	or Port II of item 18.)	1 10 11 11
	A Hour a. jn. While	JURY OCCURRED 20e. PLA Not while foc	ACE OF INJURY (Home, form, 20f. tory, street, office bldg., etc.)	(City or town)	County) (State)
	ACTUAL SIGNATURE PHYSICIAN'S		occurred at 11:40M, ADDRE		he date stated above.  DATE SIGNED  12/6/60
	220. BURIAL, CREMATION, 22b. DATE THEREOF BENOVAL (Specify) Dec. 8, 1960	22c. NAME OF CEMETERY OF Presbyteria		OCATION (City, town, or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE PIPPIN FUNERAL HOME	ADDRESS Elkt	24a. REC'D BY RI		GNATURE

# THE RESIDENCE OF STREET, SO STREET, ST And the second state of the Court of the Cou REGION CONTROL (LEE) Control (LEE) (CTM And the control (APPROVE ALL) AND AND THE CONTROL AND ADDRESS The transfer of the party of the market and the state of the sta

## FOR STATE HEALTH DEPT

rector. Page for your files. of Health, ODEPUT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fune 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for Corneral DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Boar or its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

10 DEFUL please execute the 4 should be forw TO FUNERAL DI	
VS. A15ME	
5M 7/59	

### MARYLAND STATE DEPARTMENT OF HEALTH on of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 13751 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13713

.	1. PLACE OF DEATH				2. USUAL RESID	ENCE (Whare	daceased livad, If	institution: Resig	dence before edmission)
	a. COUNTY CECII				a. STATE		b. COU	NTY Ocean	n /
1		್ foulside corporata limit		MARYLANI c. LENGTH OF STAY IN 1		JERSEY	orporata limits, wri		
Y		giva naarast town)	<b>ə</b> ,	C. LENGTH OF STAT IN I	c. CITT OK TOW	rin (ii ouisida c	orporara timits, wri	a KUKAL and giv	ve naarasi town)
	BAINBI	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSON NAM		VISITOR		NT PLEA	SANT	6	1 X 23
	d. NAME OF HOSPIT	AL OR INSTITUTION (	f not in hos	pital, give straet address)	d. STREET ADDRI	ESS			IS RESIDENCE     ON A FARM?
П	STATION HOST	PITAL. USNI	C. BA	INBRIDGE, MD.	733	FLOREN	CE AVENU	E	YES NO X
1	3. NAME OF DECEASED	First		Middle	Lasi	4. DAT	E Mont	h De	y Yeer
1	(Type or print)	CLARE	NCE	ALFRED	JOHNSON	OF DEA	TH 12	11	19 60
	5. SEX			NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	and the same	
П	M	7.7	WIDOWE		THE SE ( )	02.1	last birthday)		
1	10a. USUAL OCCUPATI	ON (Give kind of work		ND OF BUSINESS OR INDU	JULY 6, 1	914 late or femine	1 46 yrs.	1 12 CITIZEN	OF WHAT COUNTRY?
1	done during most of wor		4)			nete or totalgi	country)	12. CITIZEN	OF WHAT COUNTRY
Y	CARPENTE	R	BUIL	DING & REPAIL				U	.S.A.
1	13. FATHER'S NAME				14. MOTHER'S MAIL	DEN NAME			
X	CLARENCE	E. JOHNSON			AGUS'	TA HAVE	INS		
	15. WAS DECEASED EVE (Yes, no, or unknown)   (If	R IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO. 17				PLEASAN	T, NEW JERSI
	NO	yasgive waror dalasors		7-09-4077	MRS. CLARE	NCF A			
1		EATH [Enter only ona			THE CLAIM	MOTO H.	OCITIVACIA		INTERVAL SETWEEN
	PART I. DEATH	WAS CAUSED BY:			COTTICTON				ONSET AND DEATH
1		MMEDIATE CAUSE (a)_	ACU	TE CORONARY (	OCCLUSION				SUDDEN
1	42	DUE TO							
4	Conditions, if eny								
	gave rise to immedia (a), stating the un	DIE TO							
d	cause last.	) (c)_						North Control	
-	PART II. OTHER	SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	SE CONDITION GI	VEN IN PART 1(a)	
3	Ĭ.								PERFORMED?
	PART II. OTHER  2Do. EXTERNAL CA PRIMARY Or COI CAUSE OF DEATH.	USE WAS 21	Db. DESCRI	BE HOW INJURY OCCURED	. (Entar nature of injury In	Part I or Part II	l of item 18.)		110 [] 110 [4
4	PRIMARY   or COI	NTRIBUTING [							
	3 20c. TIME OF INJUI	RY Month, Day, Yas	r   20d. I	NJURY OCCURRED   200, I	PLACE OF INJURY (Home,	farm * 20f //	City or fown)	(County)	(State)
4	20c. TIME OF INJUI	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	While	Not While	factory, street, office bldg.,		city or town,	(County)	(State)
1	print.	19	et work			- 1			
	21. I certify th	at I took charge o	f the rem	ains described above,	held an Autopsy	, Inspectio	on X, Inqui	ry X , ar	nd in my opinion
	death resulted fi	rom: Natural ca	uses 🖔 ,	Accident, St	uicide 🔲, Homici	de 🔲, 🔃	Undetermined n	nanner 🗌	
	/	11 1.10	-10	1100	CHIEF MEDIC	AL EXAMINER			
	ACTUAL SIGNATURE	1 XXXII	04	NOW	ASSISTANT /	MEDICAL EXAM	AINER 🗍		DATE SIGNED
7		Colo			DEPUTY MEDI	ICAL EXAMINE	R X		12-11-60
1	EKAMINER'S NAME (Typa)	R. C. DODSON					44	STNG SUN	, MARYLAND
	22a. BURIAL, CREMATIO	N, 226. DATE THERE		22c. NAME OF CEMETERY			ATION (City, town		(State)
	BUX 18 1 (Specify)	12-14-			wn Cemeter			asant,	
	23. FUNERAL DIRECTOR	2001	-3001	A ADDRESS			ISTRAR   24b, REC		
	100101	Tallana	MIN	//				relier & Kr	
	pel uil	ryjero	NYN	ov/ reily	ille,Md	דו טבע	00 0	A. 100	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND EOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) rector. Page your files. a. COUNTY e. STATE b. COUNTY Cecil MARYLAND Cecil b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Chesapeake City all life
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Chesapeake City e. IS RESIDENCE ON A FARM? State B 2, and 3 to the fune. YES NOT death. 3. NAME OF First Middle Last 4. DATE Month Yeer DECEASED OF the (Type or print) Peter Kamit 12 8 19 60 DEATH with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR | S. SEX IF UNDER 24 HRS. may by 2 with age 5 may 1 and 2 will 72 hours last birthday) Months Days Hours WIDOWED [ DIVORCED 24 hours after 1De. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if ratirad) in pencil in Item 18. Give Pages 1, U. S. Govt. Laborer File pages Austria U.S.A. form PM3. 13. FATHER'S NAME no information no information 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or detes of service) Office along with for burial-transit permit, amoval, and in any e Mrs. Peter Kamit. Chesapeake City. Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Coronary Thrombosizs IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which "pending" geve risa to Immadiate cause Examiner's 10 DUE TO (e), stating the underlying 98 0 nsed ion, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)| 19, WAS AUTOPSY CERTIFICATION PERFORMED? cremati asse exerule the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be NO 20a. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter natura of Injury In Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | TEDICAL EXAMINER: CAUSE OF DEATH. Page . 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ! 20f. (Clty or town) (Sleta) factory, street, office bldg., atc.) While Not While Hour a.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER
Rising Sun
Address (Street, city, Town, of EXAMINER'S NAME (Type) R.C. Dodson DEPUT 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 0 ò ā 40 Cemeterv Chesapeake Burial 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Corthur S. Frens VS. A15ME FUNERAL HOME alon all in Dee Elkton, Md. 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH 13752 CERTIFICATE OF DEATH

13715

1. PLACE OF DEATH a. COUNTY Ge	ecil		MARYLAND	2. USUAL RESI a. STATE	D.C.	e deceased lived. b	If institution: . COUNTY	Residence bef	are admission)
b. CITY OR TOWN (If o RURAL ond give neor	est tawn)		OF STAY IN 16			side carporate lim	its, write RUR	AL ond give ne	parest tawn)
d. NAME OF HOSPITAL OR INSTITUTION VAH., Perr	(If not in haspital, give	street oddress)	16days	d. STREET A	lashing ADDRESS 13th S		47	X-3	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Andrew	James	Middle KENN	EY	st 4	OF DEATH	Month ecembe	r 18. 1	960 Yeor
S. SEX Male	Negro v		NARRIED DIVORCED	B. DATE OF BIRT		9. AG		UNDER 1 YEA	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working Handyman	(Give kind af wark da g life, even if retired)	unkn			MACE (State or				WHAT COUNTRY?
	NNEY			Lill	MAIDEN NA Lian Ja				
15. WAS DECEASED EVER I (Yes. no. or unknown) Yes	N U. S. ARMED FORCE yes, give wor or dates of serv WW II			ospital	record	ls -Perrj	Addres Point		3.4
PART I. DEATH Canditions, if any	WAS CAUSED BY: MMEDIATE CAUSE (a)  DUE TO  which nediate (b)	e per line for (a), (b), Meningeal (subarach	hemori				origi	I O N	TERVAL BETWEEN SET AND DEATH 2 hr.
САТІС	(c)_							I IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING [] 21 I CAUSE OF DEATH EDICAL EXAMINER)	0b. DESCRIBE HOW IN	AJURY OCCURRE	D, (Enter noture o	af injury in Po	rt I ar Part II at i	tem 18.)		
20c. TIME OF INJURY Havr o. m. p. m.	Manth, Doy, Year	20d. INJURY OCCUR While Nat whil at work at work	le fo	ACE OF INJURY ctary, street, affic		20f. (City ar taw	rn)	(Caunty	) (Stote)
220. SIGNATURE	talixa encece				d at 10:1	Ofram the c	auses and		
22c. PHYSICIAN'S NAME (Type) A. L. MOO	NEY, M.D.	Asst. Pa	3.00	M.D. PHYS. 22d. ADDR	RESS	CTOR PHY	'S. 🗶		12-19-60
230. BURIAL, CREMATION, REMOVAL (Specify) Removal 21. FUDIERAL DIRECTOR'S DENNING PORT	12/22/1	- /		tional	H	3d. LOCATION (Control of the Myer By REGISTRAR	S Va.	RAR'S SIGNATI	
Territor for	7777		, ,		DATE	- 0 00	anthur	S. May	A .

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	3/33		CEI	RTIFICA	IF OF I	DEATH				7	0 6 1	.0
1. PLACE OF DEATH a. COUNTY						SIDENCE (W	here decease	d lived. If instituti	on: Reside	ence befo	re admiss	sian)
d. COUNT	cil			MARYLAND	o. STATE	Mary	land	b. COUNTY				V
b. CITY OR TOWN ( RURAL ond give no	If outside corporate lim	its, write	c. LENGTH O	F STAY IN 16	c. CITY O	R TOWN (If	outside corpo	prate limits, write R	URAL one	give ne	arest town	a)
Perry P			35yrs.	.6mo.		Balti	more	Maria Na	SV	0	-	
d. NAME OF HOSPIT	TAL (If not in haspital, s	give street	address)		d. STREET	ADDRESS			50		e. IS RES	FARM?
	dministra	tion	Hospita	al	18	01 E.	Fair	nount Av	enue		YES [	NO.
3. NAME OF DECEASED	Fi	rst		Middle	l	Last	4. DATE OF	Mon	th	Do	ıy	Year
(Type or print)	AL	EXANI	)ER	(NMI)	KORNI	LUK	DEATH	Decem		25		1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER	MARRIED	B. DATE OF BII	RTH		9. AGE (In years last birthday)	IF UNDE Months	R 1 YEAR	Haurs	ER 24 HRS Min.
Male	White	WIDOW		VORCED 🗌	11-21			72 yrs.	7410411113	Duys	ridors	Will.
10a. USUAL OCCUPATION during most of wor	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSIN	NESS OR INDU	STRY 11. BIRTH	IPLACE (State	e ar foreign c	ountry)	12. CI	TIZEN O	WHATC	COUNTRY
Labor			Unknow	n		ssia				USA		
13. FATHER'S NAME					14. MOTHER	R'S MAIDEN	NAME					
	(Not a		able)			avai	lable					
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of		SOCIAL SECURI	ITY NO. 17. II	NFORMANT			Add	ress			
Yes	WW I	υ	ınknown	Но	spital	Reco	rds, 1	VAH, Per	ry P	oint	, Mo	1.
	ATH [Enter only one co	ouse per li	ne for (o), (b), o	ond (c).]						INT	ERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	)	Acute m	yocard:	al inf	arcti	on					lays
1/2	O O DUE TO											
Conditions, if o		) (	Coronar	y thron	nbosis		11.05	- Children			4	lays
gove rise to i												
lying couse lost.	) (	c)	Arterio									nown
PART II. OTI	HER SIGNIFICANT CON	-		The state of the s				E CONDITION GIV	EN IN PA	ART 1(0)	PERFC	DRMED?
<u> </u>		,	nary tu					01	100	1	YES	NO 🗆
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW IN	JURY OCCURRE	D. (Enter noture	of injury in	Port I or Por	rt II of item IB.)				
20c. TIME OF INJUR Haur o. m.	RY Month, Day, Ye	ar 20d. I	NJURY OCCURR		ACE OF INJUR			y or town)		(Caunty)		(State
Haur o.m.	19	White of wor	Not while	'n fa	ctory, street, off	rice bldg., et	(c.)					
	ot Mackaragana			acad from	June 2	6 10	95 to T	December	250	60~*	arruf für m	ENEW 162
	pedcartisae process											
22a. SIGNATURE	ALMARORAN	LAAAA		Lana mar c	leath accord	eu urr	pm, irom	the couses or	d on n	ne date		b, DATE
	0 1 200		0.11		M.D. PHYS.		MED.	STAFF PHYS.			12-2	SIGNED 28-60
22c. PHYSICIAN'S	a.r. m	6 Ch	and the	8	22d. ADI						16.	0-00
NAME (Type)	A. L. MO	ONEY	Asst.	Clinic	cal Pat	holog	ist, V	AH, Perr	y Po	int,	Md.	
23a. BURIAL, CREMATIC		OF .			R CREMATORY			TION (City, town,			(Sta	te)
MEMOVAL	1,2/30//	960	1		Nation			ltimore,				
24. FUNERAL DIRECTOR	/ . //		ADDRESS		3 14		D BY REGIS					
Robinimet	the cottons	Havi	re de G	race,	Md.	DATE	IAN 5	61 a	relus.	S. The	MA	

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

13717

13749	CERTIFICAT	E OF DEATH		10010	
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	a. STATE Maryl		ution: Residence before admission TY Cecil	)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give gearest town)	GTH OF STAY IN 16	×		RURAL and give nearest town)	M
RURAL and eive ecorest town) osit, Rural.	Life		posit Rura		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Woodlawn Rd.		d. STREET ADDRESS Woodlas	wn Rd.	IS RESIDE     ON A FA     YES    N	ARM?
3. NAME OF DECEASED (Type or print) Ruby Ch	mristine	Land	4. DATE MOF DEATH Dec	C • 18 19	60
S. SEX Female 6. COLOR OR RACE 7. MARRIED 7.		DATE OF BIRTH Oct.29, 190	9. AGE (In year last birthday	rs. IF UNDER 1 YEAR IF UNDER 2 Months Days Hours 1 19	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	BUSINESS OR INDUSTR	Maryla		US A	JNTRY?
13. FATHER'S NAME	FEAT - 3 - 1	14. MOTHER'S MAIDEN N.			43
Charlie A. Land		Elizabet	th Trus	Low	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL S		erlie A. Le		eposit,Md.Rur	al
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED	UTING TO DEATH BUT NO	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION O	GIVEN IN PART 1(o) 19. WAS AU PERFORM	TOPSY AED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBL  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED.	(Enter nature of injury in P	art I or Part II of item 18.)		
	CCURRED 20e. PLACI foctor work	E OF INJURY (Home, farm, ry street, office bldg., etc.)	20f. (City or town)	(County)	(Stote)
21. I certify that (I) (this haspital) attended the		12 (2)	00 to 1026 =	19 (00 that (1) (we	
saw the deceased alive an 1922a. SIGNATURE Coronse	Suson M.I			and an the date stated a	
22c. PHYSICIAN'S NAME (Type) Clarence I. Ber	nson,M.D.	22d. ADDRESS	posit,Md.		
TOPMEN AL ASPICION 30 30 30 30	AME OF CEMETERY OR C		23d. LOCATION (City, fow) Port Depo	n, or county) (State) Sit, Md. Rural	
24 JONERAL DIRECTOR'S SIGNATURE AD AD ADDITION, AD	Perryville	Md . DATE D		GISTRAR'S SIGNATURE  CITTLE S. Krous	
2071326XV6	WS-07- 020	onventore in		700 700 700 700 700	

Library Transport to the Control of the Street regard, anticulina unal ded v. ousa 🚑 bit talla CHANGE STREET, ONE STREET, THE Land Carpet Hotel August 1971 - State Committee Commit

TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by influence of the page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 mill be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 7 hour, after death.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

13718

	TOINT							
a. COUNTY	Cecil	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If in b. COU Virginia		e befare admission)		
b. CITY OR TOWN ( RURAL and give n Perry P		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)					
d. NAME OF HOSPI	TAL (If not in haspital, give stre		d. STREET ADDRESS	<i>V</i> 2.200	85×	e. IS RESIDENCE ON A FARM? YES NO		
NAME OF DECEASED (Type or print)	First JOHN	Middle <b>A</b> •	LAULIS	4. DATE OF DEATH De	Manth cember	Day Year 13 1960		
Male Male	White WIDO	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birth	1 1	1 YEAR IF UNDER 24 HR Days Haurs Min.		
Foren	king life, even if retired)	Coal Mine	West Vir	ginia		EN OF WHAT COUNTRY		
FATHER'S NAME	L. A. LAULIS	(DECEASED)	Unknown	NAME				
		16. SOCIAL SECURITY NO. 17. II	nformant rs. Ruth Long	r. gister.	Address Enternr	ise, W. Va		
Canditians, if a gave rise to i cause (a), stating lying cause last.	the under-	rteriosclerosi	s generalize	d		unknown		
		IS CONTRIBUTING TO DEATH BU				1(a) 19. WAS AUTOPS PERFORMED? YES NO		
OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in	Part I ar Part II at item I	8.)			
20c. TIME OF INJUI Haur a. m. p. m.	Wh	A.	ACE OF INJURY (Hame, farm actory, street, affice bldg., etc	n, 20f. (City ar tawn)	(C	aunty) (Stat		
		ended the deceased fram.	death accurred at6:	25, to Decemb 30,200 the cause NED. STAFF IRECTOR STAFF	es and an the			
22c. PHYSICIAN'S NAME (Type)	W.M. HARRIS	23c. NAME OF CEMETERY C		ital Perry		Md - (Stole)		
REMOVAL (Specify	12/14/196	o Unknown	1	Unknown	in, l	V. Va		
PERMIT DIRECTOR	A 11-	ADDRESS avre de Grace,	n	EC 2 2 '60 25b.	Carthun S.			

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DIVISION OF STATISTICAL RESEARCH	AND	KECOKD:	٥
3755 CERTIFIC	ATE	OF I	

13710

		13/00		CERTIF	ICA	IE OF DEAT	Н			1	06.	Ly
	CE OF DEATH DUNTY	Cecil		MARY	LAND	2. USUAL RESIDENCE ( o. STATE  Disti		ed lived. If institution b. COUNTY		nce befo	re admiss	ion)
RL	TY OR TOWN ( JRAL and give n Perry P		nits, write	c. LENGTH OF STAY		c. CITY OR TOWN (	If autside carp	porate limits, write R	URAL ond	give nec	rest town	)
d. N	AME OF HOSPI	TAL (If not in hospital,		oddress)		d. STREET ADDRESS						IDENCE FARM?
	terans ME OF	Administr	irst	Middle		1622	4. DATE	treet, N.	W	0		Year
DECE	ASED or print)			(NMI	- \	MILLER	OF DEAT			2	'	19 60
S. SEX	, or pitting	6. COLOR OR RACE	MUEL 7. MARI	RIED NEVER MARRIE	-	B. DATE OF BIRTH	DENT	9. AGE (In years				R 24 HRS.
		**	WIDOW					lost birthdoy)	Months	Days	Hours	Min.
	Male UAL OCCUPATI	Negro	1			3-10-07 TRY 11. BIRTHPLACE (SP	ate or foreign		12.CI	IZEN OF	WHATC	OUNTRY?
dur	ing most of wor Labor	king life, even if retire	d)	Senate Bl		Florid		,,,		USA		
3. FATH	HER'S NAME					14. MOTHER'S MAIDE	N NAME		Dan Te			
		Samuel Mi	ller	(deceased)	)	Fannie 1	Hogan	(decease	a)			
	S DECEASED EVI	ER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	. 17. IN	FORMANT			W.E.	Was	sh.	D. C.
90.0	es	(If yes, give wor or dates of	service)	None	J	oseph M. Mi	ller.	brother.	536		111	
_		ATH [Enter only one	cause per li	ne far (a), (b), and (c).						INT	ERVAL BE	TWEEN
	PART I. DE	ATH WAS CAUSED BY	Seve	ere Debili	tati	on And Ema	ciatio	n.		An	proj	C. 8Wk
	177	IMMEDIATE CAUSE  DUE T										
1	anditions, if o	sau outlat )	Wide	espread Me	tast	asis				5	Mor	iths
90	ave rise to	immediate (	(b)	*								
	iuse (a), stating ing couse last.			cinoma Of	Pros	tate				7	Mor	ths
						NOT RELATED TO THE TE	RMINAL DISEA	SE CONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
¥		one									PERFC	RMED?
20g OR	. ACCIDENT W	AS UNDERLYING C	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature of injury	in Port 1 or P	art II of item 1B.)				
	EITHER, NOTIFY	MEDICAL EXAMINER										
20c.	Havr a.m.	RY Manth, Day, Y	ear 20d. I While at war	NJURY OCCURRED  Not while at wark		CE OF INJURY (Home, f tary, street, affice bldg.,		ity ar tawn)		(Caunty)	141	(State)
		ot (IX MBCSCB63630)	M) attend	ded the deceased	from	September 6	\$1060 to	December	210	60 set	VANC METAT	SG2034AGW
						eath occurred 6:						
	. SIGNATURE			22222222	11101 0	edili occorred dage	2_23441101	ii iiie eddaes di	10 017 111	0010		b. DATE
	(	I.L.M	0-0-	rey	- 1	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.				SIGNED
220	NAME (Type)					22d. ADDRESS						
		A.L. MOONI	EY A	sst.Clinic	al I	Pathologist	, VAH,	Perry Po	int,	Md.		
	RIAL, CREMATION		OF	23c. NAME OF CEMI				ATION (City, town,	or county)		(Stat	e)
	DEVAL	12/7/1	1960	Arli	ngt	on National	L A	rlington,				
-	TEGAL DIRECTOR	1 . 1 . 1	-	ADDRESS		25a. R	EC'D BY REGI		ISTRAR'S S	a A.	et a	
PA	mainet	Tron	Hav	re de Gra	CO	DATE	DEC 1	2 '60	Calley	S. 70	calle	

funeral director, ald be filed with within 24 haurs after death. Page 4 TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of moy be read. By the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compretely filled in by II page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hours ofter death.

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13720

3735	CERTIFICATE	OF DEA

	13735	CERTIFICA	ATE OF DEATH	R	eg. Dist. No.
1	PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Where &	1	MXXXXXXXXXX
7	b. CITY OR TOWN (If outside corporate limits, write RURAL oad give neorest town)	c. LENGTH OF STAY IN 16 2 Days	c. CITY OR TOWN (If outside		AL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Union Hospital		d. STREET ADDRESS 327 New Mar	ket St.	e. IS RESIDENCE ON A FARM? YES ON D
13	NAME OF DECEASED (Type or print)	Middle 21/a	100 C	DATE Month DEATH	Day Year / 7 19 (40)
3	s. sex 6. COLOR OR RACE 7. MARRI Female White WIDOWE		8. DATÉ OF BIRTH .ug. 19, 1873		UNDER 1 YEAR IF UNDER 24 HRS. Sonths Doys Hours Min.
1	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WITE	kind of Business or Indu at home	New Jerse		12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME Richard Mc Pherso	on	14. MOTHER'S MAIDEN NAME NO INF	·o.	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes. no. or upknown) (If yes, give wor or dates of service)		rbert Jobson	Wilm. Del.	
)	PART I. DEATH WAS CAUSED BY:    IMMEDIATE CAUSE (e)     DUE TO     Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.     PART II. OTHER SIGNIFICANT CONDITIONS COUSE (c)     PART II. OTHER SIGNIFICANT CONDITIONS COUSE OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Congest, Cardiac Corona ONTRIBUTING TO DEATH BUT	of Sufficery Shrom	Failure JENCY bosis Disease Condition GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		IJURY OCCURRED 20e. PL		or Port II of item 1B.) f. (City or town)	(County) (State)
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While of work	of work	ctory, street, office bldg., etc.)	1/12 10/201	
	21. I certify that I attended the decease alive an	and that death			at I last saw the deceased on the date stated abave.  DATE SIGNED The Manual Control of the cont
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  BUTIAL  Dec. 20, 1960  33. FUNERAL DIRECTOR'S SIGNATURE	East View,			ersey  AR'S SIGNATURE
	PIPPIN FUNERAL HOME	De Elkt	on, Md DATE DEC 2	1.8 '60 and	wy S. Krous

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 TO HOSPITAL OF VS AIS (4) 1SM 9/S8

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TO HOSPITAL OF ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs ofter death. Page

1. PLACE OF DEATH o. COUNTY	ecil		MARYLA		USUAL RESIDENCE (Wo. STATE Maryla		d lived. If instituti b. COUNTY		ce befo		sion)
b. CITY OR TOWN (II RURAL ond give ne Perry Poi		its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		rote limits, write R	URAL and	give nec	arest fow	n)
OR INSTITUTION	AL (If not in hospital,		n Hospital		d. STREET ADDRESS	cust	Lone			ON	SIDENCE A FARM?
3. NAME OF		rst	Middle		Lost	4. DATE	Mon	aL.	Do		Yeor
DECEASED (Type or print)	VINSOR		Middle		MYERS	OF DEATH	Dec		8	_	19 60
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		ATE OF BIRTH	- 7	9. AGE (In years	IF UNDER			
Male	White	WIDOWE			/12/00		last birthday) 60 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (State	e or foreign co	ountry)	12.CITI	ZEN OF	WHAT	COUNTRY?
Projection	/	"			Havre de	Grac	e. Md.	1	USA		
13. FATHER'S NAME		100		1	4. MOTHER'S MAIDEN	NAME				4.10	
Robert S.	Myers				Beuhla D.	Rick	etts				
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		100	
Yes	WW I	2	13-30-7426	Lil	lian Myers	253	Locust	Lane	. E	lkto	n. Mo
		ouse per lin	e for (a), (b), and (c).]								ETWEEN DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Acu	te myocardi	al i	nfarction	due t	0				ays
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Conditions, if or		)						4/1			
gave rise to in											
lying couse last.	) (										
PART II. OTH  ZO ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	er significant con	IDITIONS <u>C</u>	ONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	'EN IN PAR	T 1(o) 1	9. WAS PERFO YES _	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCI	URRED. (E	inter noture of injury in	Part I or Por	t II of item 18.)				
20c. TIME OF INJURY Haur o. m. p. m.	Manth, Day, Ye	20d. IN While at work	Nat while		OF INJURY (Home, form, street, office bldg., etc.)		or town)	(0	County)		(Stote)
21. I certify tha	ADDING CONTRACTOR	Kattend	ed the deceased fro	ord Or	ember 27. 19	60 toD	ecember	8. 19	60xth	ente til he	agentalizas s
			cxxtex, and th								
22d SIGNATURE	120					ELIII				22	b. DATE
Dum	- Bros			M.D.	PHYS.	NED.	STAFF PHYS.	1713	]	12-8	-60
S. GOLDE	RABEN. M.	DCl	nief, Medic	al S	vc. VAH.	Perry	Point,	Md.			
23a. BURIAL, CREMATION			23c. NAME OF CEMETE				TION (City, town,			(Sta	te)
Burial (Specify)	120-11-	-1960	Charleston	un		CAC	Pestoum	Car	è Co	, >	nol
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				Telefit Yarden	10 Shirts

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3757	CERTIFICATE OF DEATH
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Reg. Dist. No. 13722

									Madi Dist	. 110.
1. PLACE OF DEATH a. COUNTY CE	CIL		(tradition	MARYLAND	2. USUAL RESID	D .	nere deceased li	ved. If instituti b. COUNTY		before admission)
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH O	F STAY IN 16	c. CITY OR T	OWN (If	outside corporot	e limits, write R	URAL ond giv	ve nearest tawn)
	egrest town) RURA			rs.	AI	PERDE	CEN		12	31-2
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, (	give street o	iddress)		d. STREET A	DDRESS				e. IS RESIDENCE ON A FARM?
GRAVEHAT.	MIRSING '									YES NO
3. NAME OF DECEASED (Type or print)	MARY		HOLLIN	Middle BERGEF	losi R NTCKI		4. DATE OF DEATH	Mon	12/	Day Year / 23 / 19 60
5. SEX	6. COLOR OR RACE				B. DATE OF BIRTH		9.	AGE (In years		YEAR IF UNDER 24 HRS
F.	W.	WIDOWE	Sec.	VORCED [	72 / 27	1 -	1870	lost birthdoy)	Months D	Days Hours Min.
100. USUAL OCCUPATI	ON (Give kind of work	dane 10b. I	KIND OF BUSI	NESS OR INDU	STRY 11. BIRTHPL	ACE (Stole	or fareign cour	ilry)	12. CITIZ	EN OF WHAT COUNTR
house. T	king life, even it refired	0)	OWN	HOME	PA.				11	S.A.
13. FATHER'S NAME	4,4 1,4,4,4,	•	01121	210110	14. MOTHER'S	MAIDEN	NAME			
MITTI TAM.	A. HOLLT	מים בות	מינים		SAR	ATT T	T.FIT A TE			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. S		ITY NO. 17. I	NFORMANT	Ari el	WEAV	Add	ress	
(Yes, no, or unknown)	Ill yes, give war or dates of s	service)	NONE		RS. GEO	. T.,	SCHIN	DET.	ABERU	EEN. MD.
18. CAUSE OF DE	ATH [Enter only one co					4-7	201711214	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	411 11160	INTERVAL BETWEEN
	ATH WAS CAUSED BY:	O II	RONIC	MYOCA	RITT.S					ONSET AND DEATH
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	, ,		ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE C	ONDITION GIV	/EN IN PART	I(o) 19. WAS AUTOPSY
CAT										PERFORMED?
	AS UNDERLYING TO CAUSE OF DEATH (MEDICAL EXAMINER)	206. DESC	RIBE HOW IN	JURY OCCURRE	D. (Enter nature of	finjury in I	Part I ar Port II	of item 18.)		
ZOc. TIME OF INJUITED HOUR HOUR HOUR HOUR HOUR HOUR HOUR HOUR	RY Month, Day, Ye		JURY OCCUR		ACE OF INJURY	tome, farm	20f. (City or	town)	(Co	unty) (Stote)
Hour a. j., p. m.	19	While of work	Not while		ctary, street, office	blog., etc	1			
21 I cartify t	hat I attended the	decense	d from J	ulv 1	19.57	, to De	c 22	10 60	O that I Ia	ist saw the decease
alive an Dec		10	O	that doath				ha a	, III I I I I	date stated abav
	12 15	'	1		decorred de.		ADDRESS (Street			DATE SIGN
ACTUAL SIGNATURE	1610	2-61	Incl	11	. RISI	-	ol. MI		,	70/03/60
SIGNATORE					M.D	2107				3.5/51/90
PHYSICIAN'S NAME (Type)	R. C. DODA	ON			RISI	NG S	our, MI	).		12/23/60
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREC	OF .	22c. NAME C	F CEMETERY O	R CREMATORY		22d. LOCATIO	N (City, town,	or county)	(State)
Lurial	12/26/	1960	- 300 00		TE CEL.		CHAF	ERSFUR	G.	PA.
23. FUNERAL DIRECTOR	S SIGNATURE	1 m	ADDRESS		NI DI IS	24a. REC'	D BY REGISTRA		STRAR'S SIGN	
( pround	-111-14	ulo.	RIS	ING ST	IN MD	DATE	E 2 / '60	an	Thung 8. 9	Traces

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 e funeral director, buld be filed with moy be retain 100 the hospital or attending physician.

TO FUNERAL 2. ECTOR: After this certificate has been signed by the attending physician and campletely filled in by page 3 shauld be detached far use as the burial-transit permit. Then please remare corbon papers. Pages 1 and the registrar priar to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR

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ARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	1 8
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		13736		CERT	IFIC	ATE OF E	DEATH	1		Reg. Dist	No. 13	3723
1	PLACE OF DEATH					2. USUAL RESI	DENCE (Wh	ere deceased	lived. If instituti			
1	o. COUNTY Ceci	1		MAR	YLAND	o. STATE	Md.		b. COUNTY	Kent		1
	b. CITY OR TOWN (IF RURAL and give nee	outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (If o	outside corpo	rote limits, write R	URAL ond gi	ve nearest to	own)
	Elkton	orest town)				Galena						
5	d. NAME OF HOSPITA	AL (If not in haspitol, g	jive street	address)		d. STREET A	DDRESS		1 11	10 0	e. IS I	RESIDENCE A FARM?
	Devine Nurs	ing Home							17	X		NO X
3	NAME OF DECEASED	Fig	st	Middl	ė	Los	it	4. DATE OF	Mon	th	Day	Year
1	(Type or print)	Wilbu				Pettico:	rd	DEATH	Decembe	er	30,	1960
5	S. SEX	6. COLOR OR RACE	7. MARR	TIED NEVER MARK	IED 🔲	B. DATE OF BIRT	Н		9. AGE (In years lost birthdoy)		YEAR IF UN	-
	Male	White	WIDOWE	DIVORC	ED 🔲	August,	28, 1	L864	96 yrs.	Manins	Days Hou	rs Min.
1	0o. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (Stote	or foreign co	ountry)	12.CITIZ	EN OF WHA	T COUNTRY?
	Retired Bri			rick Mason		Md.				U.S	.A.	
1	3. FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME		5/10/1		A. only
1	Unknow	n				Unkno	nwc					
	S. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY N	0. 1	NFORMANT			Add	ress		27.76
L		, yes, give was as actual or a		ne	Mis	ss, Selma	a Scot	tten,	Galer	na, Md	. Kent	Co.
	18. CAUSE OF DEAT	TH [Enter only one co	use per lir	ne for (o), (b), and (c	).]							BETWEEN
	PART I. DEAT	H WAS CAUSED BY:	P	ulmonary F	lmbel	ism					ONSET AN	
	415	DUE TO					Alle				1	hours.
	Conditions, if an	y, which )	1									
	gove rise to im couse (o), stoting t				J F				_======================================			
	lying cause lost.	(0	)									
1	PART II. OTHI	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO D	EATH BUT	NOT RELATED TO	THETERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(o) 19. WA	S AUTOPSY FORMED?
ACITA DISTANCE	Senility	Completel	r bed	-fast pas	t. t.w	la vears	Cenen	alimed	antonio	00100		□ NO 🛣
100	20a. ACCIDENT WAS	Completely UNDERLYING	20b. DESC	CRIBE HOW INJURY	OCCURRE	D. (Enter noture o	f injury in I	Port For Port	II of item 18.7	SCTOL	Laga	
TA COLOGIA	20c. TIME OF INJURY	Month, Day, Ye		NJURY OCCURRED		ACE OF INJURY (			or town)	(Co	ounty)	(Stote)
1077	p. m.	19	While at worl	Not while		,	o oragi, ora					
1	21. I certify the	at I attended the	deceas	ed fram Alla		19 60	, ta 3	O Dec	. 19 60	that I las	t saw the	deceased
1	alive an 30	Dec	. 19	60 , and tha	t death	accurred at	9:004	M. fram	the causes an	d an the	date stat	ed abave
	,	A.P.	60	1.					reet, city or town,			ATE SIGNED
1	ACTUAL SIGNATURE	Mare 1	Luc	rebrum		M.D.					3	1 Dec
	11 -0.11											
L	PHYSICIAN'S Wa	llace Ober	shai	n,M.D.		Cec	ilton	Md.				
2	20. BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEA	AETERY O		- 70.11		ION (City, town,	or county)	(S	tote)
B	REMOVAL (Specify)	Jan. 3, 19	61	Galena	Ceme	tery		Galen	a, Kent	Co;	Mo	i.
2	3. FUNERAL DIRECTOR'S			ADDRESS	1	41/1	24a. REC'	D BY REGIST	RAR 24b. REGI	STRAR'S SIGI	NATURE	
V	poward -	fellows	1.	Melleng	lon	-, Ild.	DATEJAN	4 4 '6'	and	hun S. A	trains	

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directo	1. PLACE OF DEATH o. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (W o. STATE Virgi		If institution	n: Residence	before admission	on)
fungrati	b. CITY OR TOW: RURAL and giv Perry	N (If outside corporate limits e nearest town) <b>Point</b>		o. 17days	c. CITY OR TOWN (IF	outside corporate limi	its, write Rl	JRAL and give	nearest town)	3
\$ 050	OR INSTITUTION				d. STREET ADDRESS				e. IS RESII	FARM?
in by		Administrat	ion Hos	pital	11 W. F'O	rrest Str	reet		YES 🗌	NO FE
P	3. NAME OF DECEASED (Type or print)	First WILL		Middle E.	PETTIT	4. DATE OF DEATH	Dece		/	9 60
etely fille Pages iter death	5. SEX	6. COLOR OR RACE	7. MARRIED	DIVORCED	B. DATE OF BIRTH 1-14-91	9. AGE lost	(In years birthdoy) yrs.	Months Do	YS Hours	R 24 HRS. Min.
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ng ph)	(Yes, no, or unknown)	EVER IN U. S. ARMED FORC	rvice)						ria, V	
ev ev	Yes	WW I	296-	05-9003 M	rs. Edith Co	nlon, nie	ce, ]	1 W.	Forres	t St
attending in please re in any eve		DEATH [Enter only one cou DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	se per line for (c						INTERVAL BET ONSET AND 1	DEATH
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al ar atte	20c. TIME OF IN Hour o. p.	m. 77 a 10	While _ N		ACE OF INJURY (Hame, for ictory, street, affice bldg., et		n)	(Cou	inty)	(State)
haspit After hed fa th prian		that XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								
y the TOR: detac Heal	22a. SIGNATURI			Table and man			/	o on me c		DATE
AL DIRECTOR OF THE Board of	22c. PHYSICIAN		oney		M.D. PHYS.	AED. STAF	s. 12		12-12	
reta RAL Shau Boo	NAME (Typ	A. L. MOONEY	Asst.	Clinical H	athologist,	V.A. Hospi	tal.F	erry	Point.	Md.
FUNER FUNER age 3:	A REMOVAL (Spec	TION, 23b. DATE THEREOF	F 23c. 1	NAME OF CEMETERY		23d. LOCATION (C	ity, tawn, c	or county)	(State	
o g f	24. EUNERAL DIRECT	19/19/1	40	Union	126- NEC	South A		adria,		
R A15 (4) 5M 9/59	Panning	11 11		de Grace,		EG 1 5 '60		Thung g #		

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 by the haspital ar attending physician. TO HOSPITAL OF

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) ector. Page your files. e. COLINTY a. STATE **b** COUNTY Cecil MARYLAND Maryland
c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Less than Perry Point Hayre de Grace d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital 2 state Blace) Veterans Administration Hospital State Old Post Road 3. NAME OF DATE Month DECEASED OF (Type or print) DEATH MERHI D. RITCHIE December with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR 2 with age 5 may 1 and 2 will 72 hours a last birthday) 2, and . Months DIVORCED T WIDOWED Male White 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Page done during most of working life, even if relired) 8. Give Pages Machine Operator Assembler Maryland within pages form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella R. Scarff Cyrus E. Ricchie (deceased) (deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCEST 1 16. SOCIAL SECURITY NO. 17. INFORMANT Address Frederick, Md. (Yes, no, or unkown) | (If yes give war or dates of service) Martin Ritchie, brother, 1308 N. Market St. in pencil in Item 1 unknown WW II 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] Office along v PART I. DEATH WAS CAUSED BY: Pneumonia IMMEDIATE CAUSE (e) DUE TO Chronic emphysema Conditions, if any, which (b) the certificate, writing the word "pending" gave rise to immediate cause 603 Examiner's DUF TO (e), steling the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION 2 cremat Medical pluods 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Pert || of item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Chief 1 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ' 20f. (Clly or town) should be forwarded to the Chi FUNERAL DIRECTOR: Page fectory, street, office bldg., etc.) 0 Hour e.m. While Not While el work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy gr., Inspection Inquiry Natural causes KX Accident . Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER DEPUT C. DODSON. Rising Sun, Md. Add Address (Street, city, town, or county) 226, BURIAL, CREMATION, 226, DATE THEREOF 22d. LOCATION (City, lown, or country) REMOVAL (Specify) OH 6 Mt. Olive 40 Frederick, Maryland EMOVAL 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME de Grace, Md. DATE DEC 1 5 '60 5M 7/59 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH

(County)

. IS RESIDENCE ON A FARM?

YES NO

19 60

IF UNDER 24 HRS.

Days

USA

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

2 days

Years

YES NO

and in my opinion

DATE SIGNED

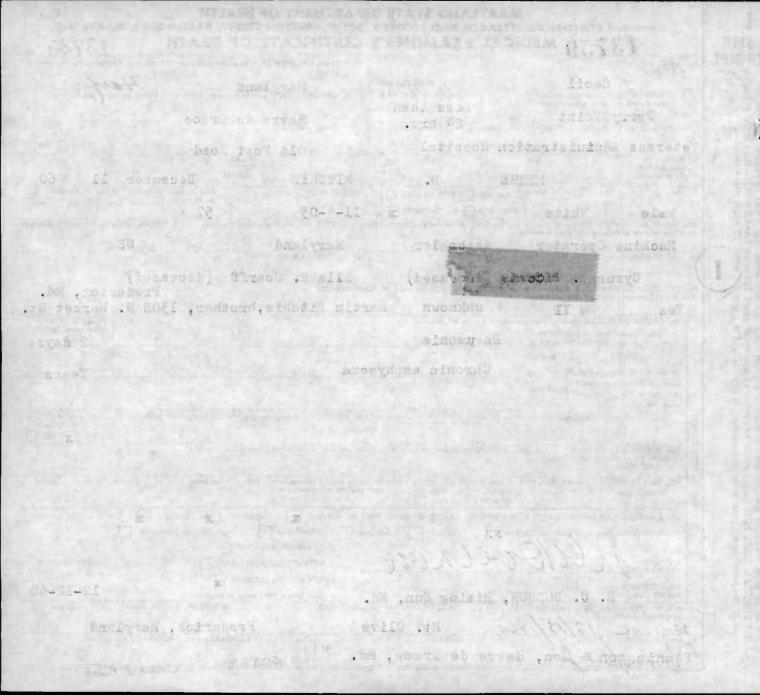
12-12-60

(State)

PERFORMED?

(Slete)

Year



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

13737

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND Cecil Cec il Mary I and b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 11 days Fikton d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS . IS RESIDENCE ON A FARM? Union Hospital YES NO NAME OF 4. DATE First Middle Lost Day Year Minnie (Type or print) DEATH Rol and 1960 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Days Haurs Min. Female White WIDOWED T DIVORCED | Tuly 2. yes. 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Virginia Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Tames Spacev Martha Moore 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address no Marcum Elkton R.D.3 Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Ceneralized Arterioselerosis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause lost PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part for Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (State) (Caunty) factory, street, office bldg., etc.) Hour a. m. Not while of work at work 1960, that I last saw the deceased 1960 21. I certify that I attended the deceased from ta and that death accurred at 9:20 alive an A. M. fram the causes and an the date stated above. ADDRESS (Street, city or tayh, state) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) REMOVAL (Specify) Richland, Tazewell Co., ich1and 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR North East, Md Civilian & France DATE DEC 1 2 '60

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M	<b>ARYLAND STATI</b>	<b>E DEPARTMENT</b>	OF HEALTH-	BALTIMORE, 1	8
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#### **CERTIFICATE OF DEATH**

								Kag. Di	1, 140.
1. PLACE OF DEATH o. COUNTY	Cecil		MARYLA	- 11	USUAL RESIDENCE (	Where decease	ed lived. If institu b. COUNT	Υ . ~	ce before admission)
RURAL ond give	kton		c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I		prote limits, write	RURAL and g	give nearest town)
OR INSTITUTIO	SPITAL (If not in hospital, g on rth Street	give street	address)	1	d. STREET ADDRESS		et	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	TOBIAS	st	Middle	RU	Lost JDOLPH	4. DATE OF DEATH	Mo	onth BC	Doy Year 25, 1960
5. SEX Male	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED  ED DIVORCED		ATE OF BIRTH	1892	9. AGE (In year lost burthday)	Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPA	ATION (Give kind of work gorking life, even if retired	done 10b.	Concrete	INDUSTRY		ote or foreign o	00		IZEN OF WHAT COUNTRY?
13. FATHER'S NAME				1-	. MOTHER'S MAIDEN	NAME			
Charles	s C. Rudol	ph			Mary V	V. Whi	te		
15. WAS DECEASED E (Yes, no. or unknown)	EVER IN U. S. ARMED FOR (If yes, give war or dates of s		16-07-266	17. INFO	MANT Hilda	M. Ru		dress Elkto	on, Md.
Conditions, if gove rise to couse (o), stotic lying couse los	ng the under-	)_/	yperteni	ind	Carclion	vaseu	la De	ilue	Year
I CATI	OTHER SIGNIFICANT CON	up	excelor	ane.	Mother			IVEN IN PART	PERFORMED? YES NO
OR CONTRIBUTION	WAS UNDERLYING AND CAUSE OF DEATH IFY MEDICAL EXAMINER)	206/DES	CRIBE HOW INJURY OCC	URRED, Æ	nter nature of injury i	in Port I or Por	t II of item 18.)		
20c. TIME OF INJ Hour a. p. n	n. 10	While	NJURY OCCURRED 20 k ot while of work	e. PLACE factory.	OF INJURY (Home, fa street, office bldg., e	erm, 20f. (City	y or town)	(C	County) (State)
21. I certify alive an_k_ ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the		/	22 eath ac	., 19 (±0, ta_ curred at 2 ± 4 			and on th	ast saw the deceased the date stated abave DATE SIGNED
220. BURIAL, CREMAT BURIAL BURIAL	TION, 226. DATE THEREO (15) 12-28-6		22c. NAME OF CEMETER Elkton (	RY OR CR			TION (City, town,	or county)	(Stote) Md.
23. FUNERAL DIRECTO	OR'S SIGNATURE UNERAL HOM	E. D.	add The Dee	Ell	24a, RE	DEC 2 8	TRAR 24b. REG	ISTRAR'S SIG	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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# FOR STATES HEALTH DEPT. 1. PLACE OF DEATH

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1372

LIH DEPI.		PLACE OF DEATH					2. USUAL RESID	ENCE (Where	deceesed lived, If		ence before	admission)
alth.			-1		MAI	RYLAND	MARYTAND		B, COUR	CECI	L	
7	t	COC.	outside corporete limi give neerest town)	is,	c. LENGTH OF	TAY IN 1b	c. CITY OR TOW	N (If outside co	orporete limits, writ	RURAL end giv	e neerest to	wn)
ET WI					ALL L	FE	CONOWI	NGO				
Boar	(	. NAME OF HOSPIT	NGO RURAL  AL OR INSTITUTION (	if not in hos	pitel, give street e	ddress)	d. STREET ADDRE	SS				RESIDENCE
o e d											YES	promp promp
Ste		NAME OF DECEASED	First		Middle		Lest	4. DATE	E Monti	h Da		101
the property		(Type or print)	CHESTER	AB	RAHAM	SII	WELL	DEAT	гн 12"	11	. 19	60
毛	S.	SEX	6. COLOR OR RACE	7. MARRIE	DE NEVER MAR	RIED B.	DATE OF BIRTH		9. AGE (In yeers lest birthdey)	IF UNDER 1 YEA		ER 24 HRS.
2 w		M	W	WIDOWE	D DIVOR	CED [ ]	9-7-1891		69 yrs.	Months Deys	Hours	Min.
P G C			ON (Give kind of work		IND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE (S	lete or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY?
212			r U.S.Gov.		tired		Md.			U.S.A	•	
S.E	13.	FATHER'S NAME					14. MOTHER'S MAID	EN NAME				
	)	Curtis	Sidwell			Lore :	Eddie Bu	nney				
			R IN U.S. ARMED FOR		SOCIAL SECURITY				Address			
any en	110.	no		22	2-18-507	3 M	rs. Chester	r Sidwe	11. Conov	vingo. M	d.	
			EATH [Enter only one	cause per l	ine for (e), (b), and	d (c).]					INTERVAL B	
along transit and in			WAS CAUSED BY:		AcuteCor	onary	Thrombosis					
		Tal	DUE TO			201 M						
Office burial noval,		Conditions, if eny										
er's as a r ren		geve rise to immedi- (e), steting the un	DI DI IE TO									
E 0 0		ceuse lest.	) (c)									
uld be used cremation, o	NO.	PART II. OTHER	SIGNIFICANT CONDI	TIONS CON	TRIBUTING TO DE	ATH BUT NO	T RELATED TO THE TER	RMINAL DISEAS	SE CONDITION GIV	/EN IN PART 1(e)	19. WAS	AUTOPSY FORMED?
	3										YES	NO 2
should al, creming	CERTIFICATION	200. EXTERNAL CA	USE WAS 2	Ob. DESCR	IBE HOW INJURY	OCCURED. (E	nter neture of Injury In	Part I or Pert II	of item 1B.)			
3 sturial		CAUSE OF DEATH.										
0 0 0 0	MEDICAL	20c. TIME OF INJU Hour e.m.	RY Month, Dey, Ye	While			CE OF INJURY (Home, ory, street, office bldg.,		City or town)	(County)		(Stete)
or P	×	p.m.	19	eł wor		J.	ld on Autonou	, Inspectio	n 🖅 Inqui	ry 🗽 aı	ed in mu	oninion
O T						_	ld an Autopsy		Indetermined n		nd in my	оринон
Bend		death resulted f	Natural ca	auses X	Accident [	_, Juici		AL EXAMINER		iannei		
L DIRECT		ACTUAL	(1) 1/8	114	och	119	11	MEDICAL EXAM	LINED I		DATE SI	GNED
H at		SIGNATURE		00		00.	M <sub>T</sub> D.	ICAL EXAMINE				GHAD
NERAL D designated		EXAMINER'S NAME (Type)	R.C.Dods	on			Rising. Su			12-1	3-60	
FUNERAL DIRECTOR: its designated agent, prio	22a	BURIAL, CREMATIC	N, 22b. DATE THERE		22c. NAME OF	CEMETERY OR			CATION (City, town	, or country)	(\$1	lele)
0 6	1	SUYICIL	12-15-	60	Conou	in q	o Bapt	Cor	nowir	190	1.	nd.
ISME	23	SUNEDAT DIRECTO	Som S	m	ADDRESS.	. J	0 m240.	REC'D BY REGI	STRAR   24b. REC	GISTRAR'S SIGNA	ATURE	
159	2	mme	6/11/21	Marl	len tes	ingl	em thate	DEC 15	'60	Tribuy &	Krare	7-1-1
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

13761

	o. COUNTY Ce C	il		MARYLA		o. STATE Mary 1	there deceased live	b. COUNTY	Residence	before admis	sion)
	b. CITY OR TOWN (If RURAL ond give neo	outside corporate limi	its, write	c. LENGTH OF STAY IN	1 16	c. CITY OR TOWN (IF		limits, write RURA	L ond giv	re nearest tow	n)
	Perry Po			5 mo. 3 day	rs	Baltin	more		31	10	1 - 8
	d. NAME OF HOSPITA		give street			d. STREET ADDRESS			200	e. IS RE	SIDENCE
1	Veterans A	dministra	tion	Hospital		1340	S. Hand	over			A FARM?
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Month		Day	Yeor
	DECEASED (Type or print)	LO	UIS	W.		SMITH	OF DEATH	Decembe	er	14	19 60
5. 5	SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED	B. C	ATE OF BIRTH	9.	AGE (In years IF L	JNDER 1	YEAR IF UND	The state of the s
	Male	White	WIDOWE	ED DIVORCED	□   8	3-24-27		33 yrs.		oys Hours	
10a	during most of working	N (Give kind of work on ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign count	ry)	12. CITIZE	N OF WHAT	COUNTRY?
		r's Helpe	r	Construct:	ion	Marylan	d		U	SA	
13.	FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
		Louis S	Smith			Mary Sm	ith				
	WAS DECEASED EVER	IN U. S. ARMED FOR yes, give war or dates of s		SOCIAL SECURITY NO.	17, <b>INFO</b>	RMANT		Address	Balt	imore,	Md.
	Yes	Peacetime	0	19-20-603	Mrs.	Mary Hil	1. Moth	er. 1340	S.	Hanove	er St
	18. CAUSE OF DEAT	H [Enter only one co	use per lir	ne for (o), (b), and (c).]						INTERVAL B	ETWEEN
	PART I. DEAT	H WAS CAUSED BY:	Bro	onchopneumon	nia d	ue to aspir	ration of	foreign		ONSET AND	davs
	3301	DUE TO				(food)					
	Conditions, if on	y, which ) (b	Chi	ronic Brain	Synd	rome associ	ated wit	h Parkin	son-	Unkne	own
	gove rise to im	mediote (	7.0	an/Syndrome	with	mental and	physica	l deteri	orat	ion, s	evere
	couse (o), stoting the lying couse lost.	le <u>under-</u>	1	like							
ATION	PART II. OTHE	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIVEN	IN PART 1	(o) 19. WAS PERFO YES	ORMED?
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING [ (IF EITHER, NOTIFY N	UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (	Enter noture of injury in	Port I or Port II	of item 1B.)			
CAL	20c. TIME OF INJURY	Month, Doy, Ye	ar 20d. It	NJURY OCCURRED 2		OF INJURY (Home, for		town)	(Cou	unty)	(Stote)
MEDICAL	Hour o.m.	VA 19	While of world	Not while	roctory	r, street, office bldg., et	rc.)				
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				led the deceosed fr							
	22o. SIGNATURE	XXXXXXXXXXX	XXXX.	XXXXXX and il	nat aea	in occurred music	DE OM The	e couses and c	on the c		2b. DATE
		10	70		M.D	ATTENDING PHYS.	MED.	STAFF PHYS.			SIGNED
	22c. PHYSICIAN	1,000	Ja	rece	W1.D	22d. ADDRESS	JIKECIOK L	1113.		12-1	15-60
	NAME (Type)	J. L. GA	REY	Clinical 1	Patho	logist, V.	A. Hospi	tal, Per	ry P	oint,	Md.
230	REMOVAL (Specify)	101011	OF.	23d NAME OF CEMET				imore, M		(Sto	ite)
24.	FUNERAL DIRECTOR'S	1 /		ADDRESS		25a. REC	C'D BY REGISTRAI			ATURE	
1	McCully F	uneral Ho	ome,1	130 E.Fort	Ave.		EC 1 9 '60		un 8. 1	Kraus	
			-	Reit							

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13/62 Item 1 F17mG276	ALE OF DEATH	
1. PLACE OF DEATH o. COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE Maryland b. COUNTY	before admission)
b. CITY OR TOWN (If outside corporate limits, write PRURAL and give gearest town)  Naryland  Days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Baltimore	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) Verterans Administration Hospital	d. STREET ADDRESS 3304 Clifton Avenue	e. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF First Middle DecEASED (Type or print)  3. NAME OF First Middle D.  D.	STEWART 4. DATE Month OF DEATH 12	4 Year
S. SEX Male   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     Negro   DIVORCED		YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of the lower done of the lower of the life even in the life of the lower of		USA
3. FATHER'S NAME John T. Stewart (deceased)  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. or unknown) (If yes, give, year or Johns of Service)  Yes WW-1 216 16 2541	14. MOTHER'S MAIDEN NAME   Katie/or Kathryn Wallace	(deceased) 004 Clifton re.,Balto,M
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: Acute Exacerbat: IMMEDIATE CAUSE (o)	ion Of Congestive Heart Failure	ONSET AND DEATH HOURS
Conditions, if ony, which gove rise to immediate Conditions	c Heart Disease	2 Years
couse (o), stoting the under.   DUE TO     lying couse lost.   (c) Arteriosclerosi	s, generalized	Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH B  None  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RED. (Enter noture of injury in Port I or Port II of item 1B.)	
	PLACE OF INJURY (Home, form, 20f. (City or town) (Cofoctory, street, office bldg., etc.)	ounty) (State)

21. I certify that (1) (this haspital) attended the deceased from 10-14-

160 to 12-4-

22o. SIGNATURE

MED. STAFF PHYS. 22d. ADDRESS

12-4-610NED

(Stote)

22c. PHYSICIAN'S NAME (Type)

A.L. MOONEY, M.D.

VAH, PERRY POINT, MARYLEND

BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF 12-9-60 23c. NAME OF CEMETERY OR CREMATORY Baltimore National 23d. LOCATION (City, town, or county) Baltimore, Maryland

24. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

250. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

Hemsley Funeral Home, 578 W. Biddle St. Balto. Mdn DEC 8

Chilms S. Krous

may be reto VR A1S (4) 1SM 9/S9

page 3 should be detached far the State Board of Health prior

ofter death. Page 4.

haurs after death

in any event, within

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

After this certificate has been signed by detached far use as the burial-transit permit. ta burial, crematian,

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3	may be retored by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.	
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I	F.	
TO HOSPITAL 22 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be rekt by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.	

	13763 DIVISION	OF STATISTICAL RESEARCE	DEPARTMEN H AND RECORDS — CATE OF DE	BALTIMORE 1,		13	3732	
	ACE OF DEATH COUNTY Cecil	MARYLAN	o. STATE	NCE (Where decease aryland	b. COUNTY	Ceci	before admissi	ion)
	CITY OR TOWN (If outside corporate limits, RURAL and give nearest town) Perry Point	write c. LENGTH OF STAY IN		WN (If outside corpo	prote limits, write RI	URAL and give	nearest town	)
d.	NAME OF HOSPITAL (If not in hospitat, give OR INSTITUTION terans Administrati	street address)	d. STREET ADI		reet			IDENCE FARM?
3. NA	AME OF First	Middle DERICK (NMI)	Lost THIELKE	4. DATE OF	Mon			Year 19 60
5. SE		MARRIED NEVER MARRIED	1. 7 05		9. AGE (In years lest birthdoy) 65 yrs.	IF UNDER 1 Y	+ -	R 24 HRS Min.
	USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)	e 10b. KIND OF BUSINESS OR IN	NOUSTRY 11. BIRTHPLACE New		country)	12. CITIZEN	OF WHATC	OUNTRY
13 FA	ATHER'S NAME Henry Thielk	er (deceased)	14. MOTHER'S N	Brow				
	VAS DECEASED EVER IN U. S. ARMED FORCE:  No. or unknown)  Yes   (If yes, give war or dates of service)  Yes   T	215-34-5444	August F.	Thielker		rghkee] 78 S.		
11	B. CAUSE OF DEATH [Enter only one cause PART I. DEATH WAS CAUSED BY: [ IMMEDIATE CAUSE (a)		rt Failure				INTERVAL BE	
	1 1 5 DUE TO	Calcified Aorti		, Severe			Unkno	own
	cause (a), stating the <u>under-</u> lying cause last.  DUE TO (c)	rterioscleroti					Unkno	-
CATION	PART II. OTHER SIGNIFICANT CONDIT					EN IN PAKT I	PERFO	RMED?
CERTIFI	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter nature of i	njury in Part I or Pa	rt II of item 18.)			
MEDICA	20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED 20d While Not while at work of work	e. PLACE OF INJURY (Ho foctory, street, office b	ome, farm, 20f. (Cit oldg., etc.)	y or town)	(Cou	inty)	(State
3	21. I certify that xth (this chospited) o						late stated	above
	220. SIGNATURE  Q. L. "TOO	only	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			SIGNE
	22c. PHYSICIAN'S NAME (Type) A.L. MOONE		al Patholo	gist, VAH			Md.	
B	BURIAL, CREMATION, 23b. DATE THEREOF PEMOVAL (Specify)	60	re Nationa	1 Ba	ation (City, town, altimore	, Md.	(Stat	te)
24, FI	Director's SIGNATURE Son	Havre de Grad	20.3	DATE 1 2 160	STRAR 25b, REGI	STRAR'S SIGN	ATURE	

E TENED mediane is at a company of the compa The same and the s enter a la companya de la companya del companya de la companya del companya de la WONDSHIT J.D. b , and all the state of the st  ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

TO HOSPITAL

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may be rebained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 miduld be filed with the State Board of Health priar to buriol, cremotion, or remayal, and in any event, within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	13764	CERTIFICA	TE OF DEATH	19199
1.	PLACE OF DEATH O. COUNTY Cocil	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If in b. COI	
-	b. CITY OR TOWN (If outside corporate limits, write  RURAL and give nearest town)  RUPAL — Calvary	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, w	write RURAL and give nearest town)
1	d. NAME OF HOSPITAL (If not in hospital, give street of institution through the street of institution)		d. STREET ADDRESS 502 So. UNION	AVE   e. IS RESIDENCE ON A FARM? YES   NO
3.	NAME OF DECEASED (Type or print) WILLIAM	WASHINGT	ON WALKER 4. DATE OF DEATH DEC.	Month 960 Day Yeor 1960
S.	SEX 6. COLOR OF RACE 7. MARI MALE WHITE WIDOW		B. DATE OF BIRTH  SEPT. 13, 1872  9. AGE (In last birth	
10	o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  [Lived - // AIL MESSINGER	POST OF FIC	_	12. CITIZEN OF WHAT COUNTRY?
13	THOMAS WALKE	R	MARY GILLIS	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (es, no, or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. II	Hargaret F. Cookly	- HAVRE DEGRACE, NO
7	Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost.  Conditions, if ony, which gove rise to immediate cause (b).  DUE TO  DUE TO  DUE TO  CO  DUE TO	enerolize	d arterioselen	osis Eyrs.
CFRTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DES		NOT RELATED TO THE TERMINAL DISEASE CONDITION  D. (Enter nature of injury in Part I or Part II of item 1)	PERFORMED? YES NO
MEDICAL CER		Not while fo	ACE OF INJURY (Home, form, 20f. (City or town) ctory, street, office bldg., etc.)	(County) (State)
	21. I certify that (I) (this hospital) attends aw the deceased alive on 129	. / -	death accurred at 2 M, from the cause	9 , 1960, that (I) (we) last es and an the date stated abave.
	220. SIGNATURE	appage.	M.D. ATTENDING MED. STAFF PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) Neil Ta	ylor Jr	122d. ADDRESS ISING SU	n, Maryland
23	B. BURIAL, CREMATION, 23b. DATE THEREOF DEC. 12,1962	23c. NAME OF CEMETERY C	TILL CEM. HAVIPE DE	EGRACE MD
24	ELINERAL DIRECTOR'S SIGNATURE	HAVRE DEG	/ //	REGISTRAR'S SIGNATURE

13764 Soulde Livery Miss E A STATE OF THE PART OF THE P E Carloz agrass at sail tob and contract to be a second THE STATE OF THE PARTY OF THE P CALLERY OF THE RESIDENCE OF ALP THE COLLEGE

VS A15 (4) 15M 9/58

		19710		CERTIFIC	A1	E OF L	JEA II	1		Reg. D	ist. No.		
T	o. COUNTY Ced	cil		MARYLAND		o. STATE	Md.	nere deceased	lived. If instituti b. COUNTY			re admis	sion)
	b. CITY OR TOWN (III BURAL and give no Elkton	f outside corparote limi carest town)	ts, write	c. LENGTH OF STAY IN 18			TOWN (If o	utside corpore	ote limits, write R			rest tow	n)
	d. NAME OF HOSPIT OR INSTITUTION Union Hospi	AL (If not in hospital, g	ive street	address)		d. STREET A						ON	SIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	Martha	st	Middle B.		Youn		4. DATE OF DEATH	Decemb		Day 24		Yeor 19 60
5	Female	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED DIVORCED		ATE OF BIRTI	Н	prox.	P. AGE (In years lost birthdoy) 74 yrs.	7	-		ER 24 HRS.
T.	oo. USUAL OCCUPATION during most of work Housework	ON (Give kind of work ing life, even if retired		KIND OF BUSINESS OR INC Domestic	USTRY	Md.	ACE (Stote	or foreign cau	intry)		J.S.A		OUNTRY?
V	3. FATHER'S NAME				1.	4. MOTHER'S	MAIDEN	IAME			/ 11 () 11 / 21		
1	Unknown					Unkno	own						
	5. WAS DECEASED EVER Yes, no. or unknown)	R IN U. S. ARMED FOR If yes, give war or dates of s	ervice)	None E.		RMANT		N.Hol	Add		_4 D	a	
IAO ETA	PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a  DUE TO  Ty, which mmediate the under- (c)  IER SIGNIFICANT CON	) ) DITIONS	contributing to DEATH B	UT NO	T RELATED TO			CONDITION GIV	VEN IN PA	ONS	et and unkr	AUTOPSY DRAMED?
ACITA DISTRIBUTION		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (E	nter noture o	of injury in (	Port I or Part				120	NO MA
IACIOSA	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While of wo	Not while	PLACE foctory	OF INJURY ( , street, office	Hame, form e bldg., etc	, 20f. (City (	or town)		(County)		(State)
	01	at I attended the Dec	decease , 19_	sed from 6 Dec 60, and that dea lenshala	th ac	curred at	9-A	M, fram t	he causes an	nd an th		state	
	1	allace Obe			_		ilten						
	REMOVAL (Specify)	}		22c. NAME OF CEMETERY					ON (City, town,			(Sto	te)
	Burial  Surial  Surial  Surial  Surial  Surial  Surial  Surial	Dec. 29, 1 ssignature	960	Melly ton	ete	mel.	24a. REC'	D BY REGISTR		STRAR'S SI		E	íd.

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